

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90216 044 ***150.00

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DOCUMENT # P96000046921

1. Entity Name
QUALITY LAWN & LANDSCAPE, INC.



Principal Place of Business
**19236 BAY LEAF CT.
BOCA RATON FL 33428**

Mailing Address
**PO BOX 970878
BOCA RATON FL 33428**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

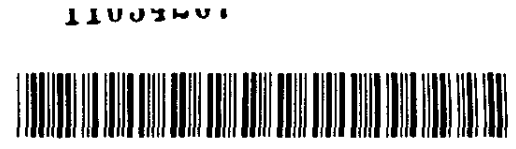
Zip Country

Zip Country

4. FEI Number **65-0675650**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TILLEY, MICHAEL R. / SB
2000 GLADES RD. SUITE 306
BOCA RATON FL 33431
Glades Rd.**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKARECKI, ROBERT G SR		NAME	
STREET ADDRESS 19236 BAY LEAF CT.		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REINECKE, MARY		NAME	
STREET ADDRESS 19236 BAY LEAF CT.		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKARECKI, RALPH V		NAME	
STREET ADDRESS 19236 BAY LEAF CT.		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKARECKI, NICHOLAS A		NAME	
STREET ADDRESS 19236 BAY LEAF CT.		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKARECKI, MARY		NAME	
STREET ADDRESS 19236 BAY LEAF CT.		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G SKARECKI 4/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)