

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074920

1. Entity Name

QUALITY INDUSTRIAL MAINTENANCE SERVICES, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90056 038 ***150.00

Principal Place of Business

Mailing Address

5200 US HWY 17 S.
BARTOW FL 33830

P O BOX 4492
PLANT CITY FL 33564-4492
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3464856

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNN, FAYE S
1607 N. HALL RD.
PLANT CITY FL 33565

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GUNN, FAYE S	1607 N. HALL RD.	PLANT CITY FL 33565	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	GUNN, R G	4113 LONGFELLOW DR	PLANT CITY FL 33567	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	GUNN, GRAHAM	1607 N HALL RD	PLANT CITY FL 33565	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Faye S. Gunn* DATE: 4/3/2000 DAYTIME PHONE: 863-533-6579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR