

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000088407**

1. Entity Name

QUALITY CLEANERS OF SPRINGHILL, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

9228 NW 39TH AVE

3. Mailing Address

11 NE 23RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE FL

Zip

32606

Country

USA

Zip

32609

Country

USA

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

4/22/00 90058/037 \$150.00

4. FEI Number

59-3611563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **GREG JOHNSON**

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

5437 NW 46TH TERRACE

City **GAINESVILLE**

FL

Zip Code

32653

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

Greg Johnson

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

(NOTE: Registered Agent signature required when re/instating)

DATE

4-14-2000

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 14 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

TITLE	PRESIDENT	☐ Delete
NAME	GREGORY J. JOHNSON	
STREET ADDRESS	5437 NW 46TH TERR.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	V.P.	☐ Delete
NAME	DANIEL W. THOMAS	
STREET ADDRESS	5233 SW 75TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	SECTY + TREAS.	☐ Delete
NAME	RICHARD W. TURNER	
STREET ADDRESS	7555 NW 135TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Greg Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-2000 (352) 379-5600

CFR2034 (9/99)

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