2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **P99000106133** 1. Entity Name QUALITY HOME & LAWN MAINTENANCE, INC. 04-06-2000 90008 034 ***150.00 Principal Place of Business Mailing Address 714 CATALINA RD..#5 714 CATALINA RD.#5 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 214 Catalina Rd # 14 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Local Beach State S4me Applied For 59-3621727 Not Applicable Zip 329 3/ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALVERSON, REID Street Address (Pld bbxHahress Not Acceptable) 714 Catalina Road #14 714 CATALINA RD.,#5 Cocoa Beach, FL 32931 COCOA BEACH FL 32931 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete Reid H Halver Reid H. Halverson 714 Catalina Road #14 HALVERSON, REID NAME NAME 714 Oatalina F 714 CATALINA RD.,#5 STREET ADDRESS STREET ADDRESS Cog6a Beach Cocoa Beach, FL 32931 CITY-ST-7IP CITY-ST-7IP COCOA BEACH FL 32931 Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIG

3/30/00 321 - 868 - 1644 Date Destrice Phone *