2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$47014** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** QUALTECH CLEANING, INC. 03-03-2000 90267 039 ***150.00 Mailing Address Principal Place of Business 3374 GARBER DR. 3374 GARBER DR. TALLAHASSEE FL 32303-1122 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3060746 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSH, JAMES B. Street Address (P.O. Box Number is Not Acceptable) 3374 GARBER DR. TALLAHASSEE FL 32303 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition ☐ Delete TITLE TITLE RUSH, JOYCE B. NAME NAME 3374 GARBER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Addition ☐ Delete Change TITLE TITLE RUSH, JAMES B. NAME NAME 3374 GARBER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change Addition TITLE - Delete TITLE WIDMER, TERREL NAME NAME 2002-A BRADFORD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME 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

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:

SINGS RUSH TOWES B. RUSH
REMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

(850) 576 -8686

Daytime Phone #