

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000046921

**Entity Name:** QUALITY LAWN & LANDSCAPE, INC.

**Current Principal Place of Business:**

9045 LA FONTANA BLVD.  
SUITE 101  
BOCA RATON, FL 33434

**Current Mailing Address:**

9045 LA FONTANA BLVD.  
SUITE 101  
BOCA RATON, FL 33434

**FEI Number:** 65-0675650

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAPMAN, KRISTINE M  
2000 GLADES RD SB SUITE 306  
BOCA RATON, FL 33431 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            SKARECKI, ROBERT GSR  
Address        9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title            VP  
Name            SKARECKI, RALPH V  
Address        9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title            P  
Name            SKARECKI, NICHOLAS A  
Address        9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title            ST  
Name            SKARECKI, MARY  
Address        9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS A SKARECKI

**PRES**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date