## FILED

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JEUNE HARY OF SIMIE TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

# J.C.Q. SERVICES, INC. DO NOT WRITE IN THIS SPACE

#### 2. Principal Place of Business 1841 THOROUGHBRED DRIVE 1841 THOROUGHBRED DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State GOTHA, FLORIDA

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P00000024735

1. Entity Name

GÓTHA, FLORIDA 34734-5133 34734-5133 U.S.A. U.S.A.

4. FEI Number Applied For 59-3629487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent

### DONORWRITE IN THIS SPACE

JUAN C. QUIROGA

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

1841 THOROUGHBRED DRIVE

City GOTHA

(NOTE: Registered Agent signature required when reinstating)

Zip Code 34734-5133

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 registered agent and tide il applicable, 9. This corporation is eligible to satisfy its Intangible

JUAN C. QUIROGA, REGISTERED AGENT

11/06/2002

 $\Box$ 

Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61,25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

11, OFFICERS AND DIRECTORS TITLE **PVST** TITLE NAME JUAN C. QUIROGA NAME STREET ADDRESS STREET ADDRESS 1841 THOROUGHBRED DR GOTHA, FL CITY-ST-ZIF CITY-ST-ZIP 34734 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY STEZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-7IP

SIGNING OFFICER OR DIRECTOR

11/06/02

407-532-4938

Daytime Phone A

CR2E034B (12/01)

### J.C.Q. SERVICES, INC. 1841 THOROUGHBRED DRIVE GOTHA, FLORIDA 34734-5133 407-532-4938

November 6, 2002

Department of State
Uniform Business Report Filings
PO Box 1500

-Tallahassee, FL 32302-1500

Subject:

J.C.Q. Services, Inc.

Document Number: P00000024735

To Whom It May Concern:

Per the information on the recording at the Department of State when I called looking for my Uniform Annual Business Report, I am attaching my "For Profit Corporation Uniform Business Report (UBR)."

Our company had moved and never received the Annual Business Report that needed to be filed by May 1, 2002. I am sending this letter attached to my Uniform Business Report that I printed out from <a href="https://www.sunbiz.org">www.sunbiz.org</a>.

Sorry for any inconvenience this may have caused.

Best regards,

Juan C. Quiroga

President