

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

06112028 AV

DOCUMENT # **P99000066734**



1. Entity Name
QIRDS, INC.

04-16-2003 90180 041 ***150.00

Principal Place of Business
**8101 SW YACHTSMANS DRIVE
STUART FL 34997**

Mailing Address
**8101 SW YACHTSMANS DRIVE
STUART FL 34997**



2. Principal Place of Business
2006 PRAIRIE

3. Mailing Address
2006 PRAIRIE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
QUINCY, IL

City & State
QUINCY, ILL

4. FEI Number **65-0942561**

Applied For
 Not Applicable

Zip **62501** Country **ADAMS**

Zip **62301** Country **ADAMS**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHACKLETON, ROBERT D
8101 SW YACHTSMANS DRIVE
STUART FL 34997**

SHACKLETON, ROBERT D.

Street Address (P.O. Box Number is Not Acceptable)
4325 RIVERS END WAY

PALM CITY FL 34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R.D. SHACKLETON 4/20/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	SHACKLETON, ROBERT D	8101 SW YACHTSMANS DR	STUART FL 34997	<input type="checkbox"/>
ST	SHACKLETON, JOYCE A	8101 SW YACHTSMANS DR	STUART FL 34997	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		2006 PRAIRIE	QUINCY, IL 62301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2006 PRAIRIE	QUINCY, IL 62301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHACKLETON 4/20/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)