

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90116 047 ****61.25

DOCUMENT # 725578

1. Entity Name

CQ MANAGEMENT, INC.

Principal Place of Business

Mailing Address

101 NORTH RIVERSIDE DR.
 NEW SMYRNA BEACH FL 32168

101 NORTH RIVERSIDE DR.
 NEW SMYRNA BEACH FL 32168-7053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1507551

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUEHLEISEN
 101 N RIVERSIDE DR
 409
 NEW SMYRNA BEACH FL 32168

Name **CAROL ALLEN BAUGH**
 Street Address (P.O. Box Number, is Not Acceptable) **MANAGER**
101 N RIVERSIDE DR
 City **NEW SMYRNA BCH FL** Zip Code **32168**

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 *Carol Allenbaugh* DATE 1/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	T MUEHLEISEN, ROBERT 101 N. RIVERSIDE DR., #409 NEW SMYRNA BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V JAMES HENDERSON 101 N RIVERSIDE DR #612 NEW SMYRNA BCH FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V OVERSTREET, CARL 101 RIVERSIDE DR #206 NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	SD LUCH LADD 101 N. RIVERSIDE DR., #702 NEW SMYRNA BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ROBERT BARNES 101 N RIVERSIDE DR #401 NEW SMYRNA BEACH, FL 32168
<input type="checkbox"/> Delete	R EDWARD BARRETT 101 N RIVERSIDE DRIVE #402 NEW SMYRNA BCH FL 23168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S
<input type="checkbox"/> Delete	PD WANDA FRYE 101 N RIVERSIDE DR #504 NEW SMYRNA BCH FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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: *Carol Allenbaugh* DATE 1/6/00 DAYTIME PHONE # 904 427-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)