

DOCUMENT # 725578

1. Entity Name
CQ MANAGEMENT, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90058 019 ****61.25

Principal Place of Business Mailing Address
101 NORTH RIVERSIDE DR. 101 NORTH RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
ALLANBAUGH, CAROL
101 N RIVERSIDE DR 102
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUEHLEISEN, ROBERT 101 N. RIVERSIDE DR., #409 NEW SMYRNA BEACH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES HENDERSON 101 N RIVERSIDE DR #612 NEW SMYRNA BCH FL 32168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVERSTREET, CARL 101 RIVERSIDE DR #206 NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARNES, ROBERT 101 N RIVERSIDE DR 401 NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD BARRETT 101 N RIVERSIDE DRIVE #402 NEW SMYRNA BCH FL 23168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WANDA FRYE 101 N RIVERSIDE DR #504 NEW SMYRNA BCH FL 32168	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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: Robert Muehleisen 1/3/01 904427-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)