

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


1/1

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-14-2003 90077 031 ****61.25

DOCUMENT # 725578

1. Entity Name
CQ MANAGEMENT, INC.



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

Mailing Address
**101 NORTH RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168**

55005828



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
OFFICE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Allanbaugh* *mmgax* *1/8/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when amending) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	MUEHLEISEN, ROBERT T <input type="checkbox"/> Delete
STREET ADDRESS	101 N. RIVERSIDE DR., #409
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE NAME	KELLY, JOHN T <input type="checkbox"/> Delete
STREET ADDRESS	101 N RIVERSIDE DR #408
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168
TITLE NAME	OVERSTREET, CARL T <input type="checkbox"/> Delete
STREET ADDRESS	101 RIVERSIDE DR #208
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE NAME	BARNES, ROBERT T <input type="checkbox"/> Delete
STREET ADDRESS	101 N RIVERSIDE DR 401
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE NAME	ALEXANDER, BILL T <input type="checkbox"/> Delete
STREET ADDRESS	101 N RIVERSIDE DR #303
CITY-ST-ZIP	NEW SMYRNA BCH FL 23168
TITLE NAME	WANDA FRYE D <input type="checkbox"/> Delete
STREET ADDRESS	101 N RIVERSIDE DR #504
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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* *RECORDED* *1/9/03* *386* *427-2268*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)