

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90004 023 \*\*\*150.00

0326193 AV

**DOCUMENT # F38157**

1. Entity Name

**MALONEY & MCQUIRE INC.**

Principal Place of Business

**6280 SW 5 CT  
 PLANTATION FL 33317**

Mailing Address

**6280 SW 5 CT  
 PLANTATION FL 33317**



2. Principal Place of Business

**6280 SW 5 CT**  
 Suite, Apt. #, etc.

3. Mailing Address

**6280 SW 5 CT**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PLANTATION FL**

City & State  
**PLANTATION FL**

4. FEI Number  
**59-2108918**

Applied For  
 Not Applicable

Zip  
**33317**

Country  
**BROWARD**

Zip  
**33317**

Country  
**BROWARD**

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

6. Name and Address of Current Registered Agent

**MALONEY, JIM  
 505 SW 10TH AVE.  
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name  
**COURT MCQUIRE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6280 SW 5 CT**  
 City  
**PLANTATION FL 33307**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE  
**PSD**  
 NAME  
**MALONEY, JIM**  
 STREET ADDRESS  
**505 SW 10TH AVE.**  
 CITY-ST-ZIP  
**FT. LAUDERDALE FL** ☒ Delete

TITLE  
**UTD**  
 NAME  
**MCQUIRE, COURT**  
 STREET ADDRESS  
**6280 SW 5TH CT.**  
 CITY-ST-ZIP  
**PLANTATION FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSD**  
 NAME  
**COURT MCQUIRE**  
 STREET ADDRESS  
**6280 SW 5 CT**  
 CITY-ST-ZIP  
**PLANTATION FLORIDA 33317** ☒ Change ☐ Addition

TITLE  
**UTD**  
 NAME  
**MALONEY, JIM**  
 STREET ADDRESS  
**505 SW 10TH AVE**  
 CITY-ST-ZIP  
**PLANTATION FLORIDA 33312** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

**COURT MCQUIRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-7-02 9545873605**  
 Date Daytime Phone #