

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002190

1. Entity Name

HQ PROPERTIES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90031 024 ***150.00

Principal Place of Business

Mailing Address

4404 N TAMiami TRAIL
SARASOTA FL 34234

4404 N TAMiami TRAIL
SARASOTA FL 34234-3864

2. Principal Place of Business

3. Mailing Address

1701 Biotech Way
Suite, Apt. #, etc.

1701 Biotech Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-3377445

Applied For

Not Applicable

Zip

34243

Country

Sarasota

Zip

34243

Country

Manatee

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

HADLEY, WILLIAM F
4404 N. TAMiami TR
SARASOTA FL 34234-2525

Name

Hadley, William F.

Street Address (P.O. Box Number is Not Acceptable)

1701 Biotech Way

City

Sarasota

FL

Zip Code

34243

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

William F. Hadley

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HADLEY, WILLIAM F
398 BOB WHITE DRIVE
SARASOTA FL 34236

☐ Delete

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

TITLE
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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:

William F. Hadley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

941-358-9112

Daytime Phone #

CR2E034 (9/99)