

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000006193

1. Entity Name

IUHQ, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 27 AM 8:19

Principal Place of Business

6991 E. CAMELBACK  
B360  
SCOTTSDALE AZ 85251

Mailing Address

6991 E. CAMELBACK  
B360  
SCOTTSDALE AZ 85251

2. Principal Place of Business

6991 E. Camelback Rd

Suite, Apt. #, etc.

B310

3. Mailing Address

6991 E. Camelback Rd

Suite, Apt. #, etc.

B310

City & State

Scottsdale AZ

City & State

Scottsdale AZ

Zip

85251

Country

USA

Zip

85251

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

86-0842962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NAPP, DAVID A  
STREET ADDRESS 6991 E. CAMELBACK, B360  
CITY-ST-ZIP SCOTTSDALE AZ 85251

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME EDWARDS, COLLEEN S  
STREET ADDRESS 6991 E. CAMELBACK, B360  
CITY-ST-ZIP SCOTTSDALE AZ 85251

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

700037712467  
06/07/04--01007--006 \*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Napp, Pres.

Date

Daytime Phone #

5-25-04 4804235700