

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97698

1. Entity Name

QUAIL RIDGE DIVERSIFIED, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90127 049 ***150.00

0308879

Principal Place of Business

% JOHN R. GOELZ
3583 QUAIL RIDGE
BOYNTON BEACH FL 33436

Mailing Address

% JOHN R. GOELZ
3583 QUAIL RIDGE
BOYNTON BEACH FL 33436

142031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Florida
3583 Quail Ridge Dr

3583 Quail Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach FL

Boynton Beach FL

Zip

Country

Zip

Country

33436 Palm Beach

33436 Palm Beach

4. FEI Number

36-3438757

Applied For

Not Applicable

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

GOELZ, JOHN R.
3583 QUAIL RIDGE
BOYNTON BEACH FL 33436

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

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, 2001 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	Change	Addition
P	GOELZ, JOHN R.	3583 QUAIL RIDGE DR.	BOYNTON BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
S	GOELZ, ROBERT	1765 CARRIAGE CT.	GREEN BAY WI	<input type="checkbox"/>	<input type="checkbox"/>
T	GOELZ, RICHARD	2325 HARMEL ROAD	HARMEL MN	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOELZ

Date

4/10/01

Daytime Phone #

561 737 0481

CR2ED34 (10/00)