


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90052 002 \*\*\*150.00

DOCUMENT # <u>1497698</u>	
1. Entity Name <u>Quail Ridge Diversified Inc.</u>	

**DO NOT WRITE IN THIS SPACE**

40007743

2. Principal Place of Business <u>3583 Quail Ridge Dr.</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>Same</u>	
City & State <u>Boynton Beach - FL</u>		City & State	
Zip <u>33436</u>	Country <u>Palm Beach</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <u>363438757</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Dr John R Goetz</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>3583 Quail Ridge Dr.</u>		
	City <u>Boynton Beach, FL</u> Zip Code <u>33436</u>		

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 Dr John R Goetz *the same registered agent* 1/24/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres. &amp; Treasurer</u> <u>Dr John R Goetz P.V.T.</u> <u>3583 Quail Ridge Dr.</u> <u>D. Boynton Beach FL 33436</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Board member</u> <u>Robert H. H. H.</u> <u>1765 Carriage Court</u> <u>Green Bay, WI 54304</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Richard Goetz</u> <u>2325 Hamel Road</u> <u>D. Hamel, Minnesota 55340</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dr John R Goetz Dr John R Goetz 561-737-0481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/24/05 Daytime Phone #

CR2E034B (12/02)