## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## J40700 DOCUMENT #

1. Entity Name Q & I, INC.



## FILED Apr 16, 2003 8:00 am \$\frac{9}{8}\$ Secretary of State 04-16-2003 90133 040 \*\*\*150.00

Principal Place of Business 15 E INTENDENCIA PENSACOLA FL 32501				Mailing Address 508-A SOUTH PALAFOX ST. PENSACOLA FL 32501							
2. Principal Place of Business				3. Mailing Address					Bibli Bibli Ilbii Bib	[]] 046] 614], [04]	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number <b>59-2748962</b>		Applied For Not Applicable	
Zip	Zip Country			Zip Cour			· 5.	Certificate of Status Desired	\$8.75 / Fee Requ	Additional	
6. Name and Address of Current R				egistered Agent			7.	7. Name and Address of New Registered Agent			
OVERBY, GEORGE F JR				-			Name Street Address (P.O. Box Number is Not Acceptable)				
3800 DUNNING DR PACE FL 32571											
						City			FL Zip C		
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S				itate				Election Campaign Financir     Trust Fund Contribution.	· • • •	.00 May Be ded to Fees	
10. OFFICERS AND D				DIRECTORS 11.			AC	DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PT OVERBY JI 3800 DUNI PACE FL 3		·	□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET _CITY-S'	ADDRESS			☐ Chang	e Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* 3	1980	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADORESS 1 - Zip			☐ Chang	e 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAM STRE		TITLE NAME STREET.	ADDRESS - Zip			☐ Change	e Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,			□ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP			☐ Change	e Addition	

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: