

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91135 028 ***150.00

DOCUMENT # J51311

1. Entity Name
GRQ SYSTEMS, INC.

Principal Place of Business

~~8049 ARLINGTON ESCW~~
~~#11~~
~~JACKSONVILLE FL 32211~~
~~US~~

Mailing Address

~~P.O. BOX 350157~~
~~JACKSONVILLE FL 32235-0157~~
~~US~~

Barry B. Ansbacher, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4636 Harbour N. Ct

Suite, Apt. #, etc.

3. Mailing Address

1301 Riverplace Blvd.

Suite, Apt. #, etc.

2450

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2754029

Applied For

Not Applicable

Zip

32225

Country

U.S.

Zip

32207

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ANSBACHER, LEWIS~~
~~2450 RIVER PLACE TOWER~~
~~1301 RIVER PLACE BLVD~~
~~JACKSONVILLE FL 32207~~

7. Name and Address of New Registered Agent

Name

Barry B. Ansbacher, P.A.

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

Unchanged

Unchanged

City

Unchanged

FL

Zip Code

Unchanged

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] as President

4/27/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HIBBARD, WILLIAM K.
4636 HARBOUR NORTH COURT
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

478-01 904-727-2061

CR2E034 (10/00)