2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013264

1. Entity Name

~~PIPPIN OF SOUTHWEST FLORIDA, L.L.C.~~

Q2 ENTERPRISES, L.L.C.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

02 APR 16 PM 4:03

Principal Place of Business	Mailing Address
7515 PELICAN BAY BLVD., NO. 15-B NAPLES FL 34108	7515 PELICAN BAY BLVD., NO. 15-B NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7575 Pelican Bay Boulevard		7575 Pelican Bay Boulevard	
Suite, Apt. #, etc.: #1407		Suite, Apt. #, etc.: #1407	
City & State: Naples, Florida		City & State: Naples, Florida	
Zip: 34108	Country: Collier	Zip: 34108	Country: Collier

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISS, STEVEN L 7515 PELICAN BAY BLVD., NO. 15-B NAPLES FL 34108	Name: Steven L. Weiss Street Address (P.O. Box Number is Not Acceptable): 7575 Pelican Bay Boulevard City: Naples FL Zip Code: 34108

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: Steven L. Weiss (signature) Steven L. Weiss 3/28/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

600005291746--9
-04/18/02--01012--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Steven L. Weiss STREET ADDRESS: 7575 Pelican Bay Boulevard #1407 CITY-ST-ZIP: Naples, Florida 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steven L. Weiss (signature) Steven L. Weiss 3/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)

0020273