

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L01000020193

1. Entity Name  
Q WOODWORKS, LLC

Principal Place of Business  
22 LAS FLORES STREET  
BOYNTON BEACH FL 33426

Mailing Address  
22 LAS FLORES STREET  
BOYNTON BEACH FL 33426

2. Principal Place of Business  
2760 NE 7th Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Pompano Bch., FL

City & State

Zip  
33064  
Country  
USA

Zip  
Country

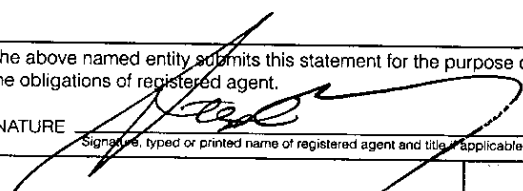
## 6. Name and Address of Current Registered Agent

REILLY, FRANK V ESQ.  
6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR  
FORT LAUDERDALE FL 33308

## 7. Name and Address of New Registered Agent

Name  
Worldwide Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2780 East Oakland Park Blvd.  
City  
Fort Lauderdale FL Zip Code  
33306

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  , Stephen F. Goldenberg, President 10/29/02

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 September 25, 2002**

03/15/02 90050 001 \$50.00

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MGRM  
DANIEL QUICK  
22 LAS FLORES BOYNTON Bch FL 33426

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/27/02 9547841997  
Date Daytime Phone #

FILED  
02 NOV -1 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)