

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000034195

FILED
Apr 22, 2003
Secretary of State

Entity Name: Q & A, LLC

Current Principal Place of Business:

1659 VISTA LAKE CIRCLE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

1241 DOE COURT SE
PALM BAY, FL 32909

Current Mailing Address:

1659 VISTA LAKE CIRCLE
WEST MELBOURNE, FL 32904

New Mailing Address:

1241 DOE COURT SE
PALM BAY, FL 32909

FEI Number: 71-0923033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: QUARANTELLLO, BRUCE
Address: 1659 VISTA LAKE CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGR () Delete
Name: AMICK, MICHEAL E
Address: 600 S. NORTH LAKE BLVD., STE. 250
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUARANTELLLO, BRUCE
Address: 1241 DOE CT SE
City-St-Zip: PALM BAY, FL 32909

Title: MGR (X) Change () Addition
Name: AMICK, MICHEAL E
Address: 1241 DOE CT SE
City-St-Zip: PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUCE QUARANTELLLO

MGR

04/22/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date