2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003
Secretary of State

DOCUMENT# N02000004469

Entity Name: AQTP, INC.

Current Principal Place of Business:

600 S CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114

New Principal Place of Business:

Current Mailing Address:

600 S CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114

New Mailing Address:

FEI Number: 06-1638805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACDOUGALL, THOMAS R
600 S CLYDE MORRIS BLVD
DAYTONA BCH, FL 32114

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOESSENER, PAUL
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: CFO ( ) Delete
Name: JOST, ROBERT A
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: S ( ) Delete
Name: MACDOUGALL, THOMAS R
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: JOST, ROBERT A
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Change (X) Addition
Name: MACDOUGALL, THOMAS R
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Change (X) Addition
Name: MCCLURKAN, GUY
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BCH, FL 32114

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R MACDOUGALL S/D 01/09/2003

Electronic Signature of Signing Officer or Director — Date