

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000020126

1. Entity Name
Q SQUARED, INC.



Principal Place of Business
16223 VILLARREAL DE AVILA
TAMPA, FL 33613

Mailing Address
16223 VILLARREAL DE AVILA
TAMPA, FL 33613



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3627263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUIGLEY, JAMES M
16223 VILLARREAL DE AVILA
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME QUIGLEY, JAMES M
STREET ADDRESS 16223 VILLARREAL DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE SVPD
NAME LEONE, FRANK A
STREET ADDRESS 40 KNOLLWOOD ROAD
CITY-ST-ZIP EAST HARTFORD, CT 06118

TITLE TD
NAME MANDEL, STEVE
STREET ADDRESS 16405 ZURRAQUIN DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

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100000044058
02/11/04-80005-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03

860 528-2145

Date

Daytime Phone #