

8/16/01-90006-047-\$150.00-\$150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000046630

1. Entity Name  
HQOP., INC.Principal Place of Business  
1910 WELLS ROAD  
ORANGE PARK FL 32073Mailing Address  
1910 WELLS ROAD  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3641087

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, GLEN C  
1910 WELLS ROAD  
ORANGE PARK FL 32073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Glen Williams*

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

(NOTE: Registered Agent signature required when reinstating)

7/19/01  
DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE -  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WILLIAMS, GLEN C  
1910 WELLS ROAD  
ORANGE PARK FL 32073 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY - ST - ZIP ☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01  
Date904 269-0999  
Daytime Phone #

FILED

01 OCT 15 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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AN

CPRE034 (5/01)

2 of 2  
ATTACHMENT  
A0081604

H.Q.O.P., INC.  
1910 WELLS ROAD  
ORANGE PARK, FLORIDA 32073

Florida Department of State  
Division of Corporations  
Annual Report  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

P000000046630

REGARDING: Uniform Business Report - Second Notice Received

It has come to my attention upon receipt of this report that this is the second mailing, had I received the first notice it would have been paid and filed timely, as I do all obligations. I do not understand why I never received the first notice, the address is correct. Is there any way in resolving this issue and waive the additional fee of \$400.00 when I was never notified before now?

Please contact me at the above number or address.

President

Glen C. Williams