

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-23-2001 90003 046 ***550.00

DOCUMENT # P00000049927

1. Entity Name

DQ ENTERPRISES, INC.

Principal Place of Business

7785 SW 62ND COURT
 OCALA FL 34476

Mailing Address

7785 SW 62ND COURT
 OCALA FL 34476

77298



2. Principal Place of Business

6382 S.W. 21st Ct Rd
 Suite, Apt. #, etc.

3. Mailing Address

6382 S.W. 21st Ct Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL
 Zip 34474 Country USA

City & State

Ocala FL
 Zip 34474 Country U.S.A.

4. FEI Number

59-3663534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUESENBERRY, DONNA
 7785 SW 62ND COURT
 OCALA FL 34476

7. Name and Address of New Registered Agent

Name

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

6382 S.W. 21st Ct Rd.

City

Ocala

FL

Zip Code

34474

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	QUESENBERRY, DENNIS	
STREET ADDRESS	7785 SW 62ND COURT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	ST	<input type="checkbox"/> Delete
NAME	QUESENBERRY, DONNA	
STREET ADDRESS	7785 SW 62ND COURT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6382 S.W. 21st Ct Rd.
STREET ADDRESS	Ocala, FL 34474
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6382 S.W. 21st Ct Rd.
STREET ADDRESS	Ocala, FL 34474
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Donna Quisenberry 7/17/01 352/823-6888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)