

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90208 019 ***150.00

DOCUMENT # P00000072883

1. Entity Name
G.Q. OF S.W. FLORIDA, INC.



Principal Place of Business Mailing Address
520 CHATHAM CIR **520 CHATHAM CIR**
NAPLES FL 34110 **NAPLES FL 34110**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3300 BONITA Bch. Rd **3300 Bonita Bch**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit 101-103 **Same as above Rd**
 City & State City & State
Bonita Springs, FL. **Bonita Springs**
FLORIDA
 Zip Country Zip Country
34134 **Lee** **34134** **USA**

4. FEI Number Applied For
65-1052471 Not Applicable

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

6. Name and Address of Current Registered Agent
GASS, JILL
520 CHATHAM CIR
NAPLES FL 34110

7. Name and Address of New Registered Agent
 Name **Gass, Jill**
 Street Address (P.O. Box Number is Not Acceptable)
25820 B Hickory Blvd
Apt. D209
 City **Bonita Springs** FL Zip Code **34134**

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 *Jill Gass* DATE 4-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Vice President	George Quinn	23560 Walden Cr Dr. #203	Bonita Springs, FL 34134	<input type="checkbox"/>
President	Jill Gass	25820 Hickory Blvd #D209	Bonita Springs, FL 34134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Jill L. Gass* Jill L. Gass Date 4-12-01 Daytime Phone # 941-947-6337

CR2E034 (10/00)