

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000101716****1. Entity Name**
INTELLIGENT QUALITY, INC.**Principal Place of Business****5602 EAGLEGLLEN PLACE
P.O. BOX 230
LITHIA FL 33547****Mailing Address****5602 EAGLEGLLEN PLACE
P.O. BOX 230
LITHIA FL 33547****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3680101**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****DUKES, DONALD CARL
5602 EAGLEGLLEN PLACE
LITHIA FL 33547****7. Name and Address of New Registered Agent**

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**

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 \$150.00
After May 1, 2002 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** ☐ Delete
NAME **D**
STREET ADDRESS **DUKES, DONALD CARL**
CITY-ST-ZIP **5602 EAGLEGLLEN PLACE**
LITHIA FL 33547**TITLE** ☒ Delete
NAME **D**
STREET ADDRESS **BREWER, CLYDE WESLEY**
CITY-ST-ZIP **P.O. BOX 767**
HEMPHILL TX 75948**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

2/4/02

813 571 7806

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90018 031 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)