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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State DOCUMENT # P00000105688 04-21-2002 90858 039 ***150.00 1. Entity Name Q-R-G, INC. Principal Place of Business Mailing Address 2267 MALACHITE DR 2267 MALACHITE DR LAKELAND FL 33810 LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zlp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Phi-11/15-5-BLOCK, PHYLLIS S ESQ Street Address (P.O. Box Number is Not Acceptable) 712 US HWY ONE, STE 301 N PALM BEACH FL 33408 STE 600 515 North Flagler Dr. City BEach 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be - Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Feas (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition (9) (9) NAME MCKOWN, DUANE NAME STREET ADDRESS 2267 MALACHITE DR STREET ADDRESS CR2E034 CITY-ST-ZIF LAKELAND FL 33810 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Dalete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

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Component of the State of Control	(Rev. December 2	er 2001) (For use by employers, corporations, partnerships, trusts, estates, churchs							vernment	EIN		_	
G.R.C. (M. C.) And a name of business (if different from name on line 1) 3 Executor, trustee, "care of "name 4 Mailing address (norm, apt., suite no. and street, or P.O. box) 5a Street address (if different) (Do not enter a P.O. box.) 5b City, street, and ZIP code LAKELANO, FL 33-10 6b City, state, and ZIP code LAKELANO, FL 33-10 C. C. Anna of principal officer, general partner, grantor, owner, or trustor 7a Name of principal officer, general partner, grantor, owner, or trustor 7a Name of principal officer, general partner, grantor, owner, or trustor 7b SSN, ITIN, or EIN 384-52-1889 8a Type of entity (cneck only one box) Sole proprietor (SSN) Partnerser Personal service copp. Composition (entit form number, to be sleet) Personal service copp. Convert or church-controlled organization Personal service copp. Convert or church-controlled organization Coher (seedily) CORPORATION B if a conposition, name the state or foreign country (if applicable) where incorporated 9 Reason for applying (cneck only one box) Sole stocked the box and see line 12) Compliance with its withholding regulations Compliance with its	Department of the Tressury agencies, indian india couldes, certain individuals, and other							ra i		OM	B No. 1545-0003		
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18b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Trade name 18c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Party HAMIC & SHIVERS, PA, CPA'S Designee Address and ZIP code P.O. BOX 2597, LAKELAND, FL 33806-2597 Under penalties of pertury, I declare that I have examined this application, and to the best of my knowledge and bellef, it is true, correct, and complete. Name and title (type or print clearly) DUANE MCKOWN, PRESIDENT Applicants fax number (include area code) (863) 859 - 5463 Applicants fax number (include area code) (863) 859 - 5463	Note: If"	Yes, t	olease complete lines 16b and 16c.	numper to	ירם זו	s or any	other busine	85?	[_]Y	82	X No		
Approximate date when filed (mo., day, year) City and state where filed Previous EIN Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name HAMIC & SHIVERS, PA, CPA'S Designee Address and ZIP code P.O. BOX 2597, LAKELAND, FL 33806-2597 Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and bellef, it is true, correct, and complete. Name and title (type or print clearly) DUANE MCKOWN, PRESIDENT Date 12/31/2001 Previous EIN Posignee's takenumber (include area code) (863) 709-8299 (863) 619-8299 Applicant's takenumber (include area code) (863) 619-8299 Applicant's takenumber (include area code) (863) 853 8631 Applicant's fax number (include area code) (863) 859 - 5463	16b If you che Legal nan	cked "Y ne	'es" on line 16a, give applicant's legal name and tra	Trade	name	•					· · · · · · · · · · · · · · · · · · ·		
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