

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90858 039 ***150.00

DOCUMENT # P00000105688

1. Entity Name

Q-R-G, INC.

Principal Place of Business

**2267 MALACHITE DR
LAKELAND FL 33810**

Mailing Address

**2267 MALACHITE DR
LAKELAND FL 33810**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BLOCK, PHYLLIS S ESQ
712 US HWY ONE, STE 301
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Phyllis S. Block

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

Arnstein & Lehr**515 North Flagler Dr STE 600**

City

West Palm Beach**FL****33401**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCKOWN, DUANE
2267 MALACHITE DR
LAKELAND FL 33810

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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:

DUANE MCKOWN**4/9/02****863 683 2807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment of Doc II P00000105688
89274

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <i>See separate instructions for each line. Keep a copy for your records.</i>		EIN OMB No. 1545-0003	
1 Legal name of entity (or individual) for whom the EIN is being requested Q-R-G, INC.					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 2267 MALACHITE DRIVE			5a Street address (if different) (Do not enter a P.O. box.)		
4b City, state, and ZIP code LAKELAND, FL 33810			5b City, state, and ZIP code		
6 County and state where principal business is located POLK					
7a Name of principal officer, general partner, grantor, owner, or trustor DUANE MCKOWN			7b SSN, ITIN, or EIN 364-52-7889		
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input checked="" type="checkbox"/> Other (specify) CORPORATION <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> Indian tribal governments/enterprises _____ Group Exemption Number (GEN) _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) CORPORATION <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____					
10 Date business started or acquired (month, day, year) 1/1/2002			11 Closing month of accounting year 12/31		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."			Agricultural 0		Household 0
			Other 0		
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____					
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. DELIVERY SERVICES					
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.					
16b 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. Legal name _____ Trade name _____					
16c 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 _____					
Third Party Designee 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's telephone number (include area code) (863) 709-8299 Address and ZIP code P.O. BOX 2597, LAKELAND, FL 33806-2597 Designee's fax number (include area code) (863) 619-8299 Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) DUANE MCKOWN, PRESIDENT Applicant's telephone number (include area code) (863) 853-8637 Signature _____ Date 12/31/2001 Applicant's fax number (include area code) (863) 859-5963 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. (NTA) Form SS-4 (Rev. 12-2001)					