

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90251 046 ***150.00

DOCUMENT # P01000000506

1. Entity Name
RQL MANAGEMENT, INC.

Principal Place of Business 15037 TAMARND KAY COURT UNIT 1503 #1503 FT MEYERS FL 33908	Mailing Address 15037 TAMARND KAY COURT UNIT 1503 #1503 FT MEYERS FL 33908
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14570 Headwater Bay Lane	3. Mailing Address 14570 Headwater Bay Lane
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Suite, Apt. #, etc.

City & State Ft. Myers, FL	City & State Ft. Myers, FL
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Zip 33908	Country USA	Zip 33908	Country USA
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4. FEI Number 36-4411972	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMON, ROBERT O
15037 TAMARND KAY COURT UNIT 1503
#1503
FT MEYERS FL 33908

Name Lemon, Robert O.
Street Address (P.O. Box Number is Not Acceptable) 14570 Headwater Bay Lane
City Ft. Myers
State FL
Zip Code 33908

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 **President** **April 11, 2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMON, ROBERT O 15037 TAMARIND CAY COURT, #1503 FORT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14570 Headwater Bay Lane Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST LEMON, PAMELA S 15037 TAMARIND CAY COURT #1503 FORT MYERS FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14570 Headwater Bay Lane Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **April 11, 2001** **(941) 590-0354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)