FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 DEC 27 AM 8: 02

	III OIVIAI BOS	MESS KEPU	INI (UB	K)	Gt. U	EU ZI MII O'OL	
DOCUMENT# TO DOCUMENT					- و عدد عدد	SOME A SECOND DOMESTIC	
1. Entity Name					<u>"</u> ŞE(MEDIAN OF STATE	
QUEENAIRE TECHNOLOGIES, INC.						AHASSEE FLORIDA	
						8783890	
				(5)	12/27/0201	026011 **191.25	
l no	NOT WOIT	E IN THIC C	MACE			. **	
DO NOT WRITE IN THIS SPACE						9 9 9 9 4	
2. Principal Place	3. Mailing Address		<u></u>		3 9 4 0 4		
				_		間に関 77	
2210 TALL INES DRIVE 2210 TALL PI Suite, Apt. #, etc. Suite, Apt. #, etc.			INES DRIV	E	Egwan gana a n n c		
210 - 210 -		I		1	DO NOT WRITE	Ë IN THIS SPACE	
City & State			City & State		****		
LARGO, FL		LARGO, FL			I. FEI Number	Applied For	
Žip	Country Zip		Country		59-3688589	Not Applicable	
33771	USA	33771	USA	6	. Certificate of Status Desired	\$8.75 Additional	
800	70.000000000000000000000000000000000000	100,72			me and Address of Owner	Fee Required	
			Nam	ne .	me and Address of Currer	nt Registered Agent	
	# 200 X 200 X	SUSAN DUFFY					
DO NOT WRITE IN THIS SPACE			22	Street Address (P.O. Box Number is Not Acceptable) 2210 TALL PINES DRIVE			
IIN ITHO OFACE			0.0000000000000000000000000000000000000	SUITE 201			
P	1		City.	ARGO	·	FI Zin Cordo	
8. The above name	ed entity submits this state	ment for the numora of chan	Cloc its recistered	VRGO	ed agent, or both in the State of F	FL Zip Code 33771	
	1		Aud irs iedisteled i	onice or registers	ed agent, or both in the State of F	Plorida.	
SIGNATURE	rature typed or printed of register	ed agent and title if applicable	SUSAN DUE	FFY	equired when reinstating)	10/29/2	
	n is eligible to satisfy its Intan					DATE	
Tax filing requir	ement and elects to do so.	Afte	y 1 - May 1 Fee is May 1, Fee is \$1 ended UBR is \$6	550.00	10. Election Campaign Fir	45.00 May Be.	
See criteria on t	back)	Make Check	Payable to Depai	rtment of State	and the state of t	Added to Fees	
11.	OFFICERS AND DIR	ECTORS	·_ 48.8888.				
TITLE PRESIDENT NAME SUSAN DUFFY			me			200	
STREET ADDRESS 2210 TALL PINES DRIVE			(\$500 to the control of \$500)	NAME			
CITY-ST-ZIP LARGO FL 33771			CITY ST	Magaggaette (1780-1780-1780-1780-1780-1780-1780-1780-	11./04/02=-0	1063010 **558.7 8	
TITLE	460000000000000000000000000000000000000	- "		- Land			
NAME .	and the state of t	TITLE	NAME				
STREET ADDRESS			 1000000000000000000000000000000000000	STREET ADDRESS			
ÇATY-ST-ZIP			CITY - ST	CITY - ST - ZIP			
TILE .			TITLE	2.3.3.3.6.3.8			
NAME STREET ADDRESS			NAME	NAME			
STREET ADDRESS CITY - ST - 7IP			\$2000000000000000000000000000000000000	STREET ADDRESS DO NOT WRITE			
TILE			A CONTRACTOR MANAGEMENT				
NAME			28-36-00-00-08-08-	IN THIS SPACE			
STREET ADDRESS			STREET AL	DORESS	10 (m)	- - -	
CITY-ST-ZIP			CITY-ST-	ZIP			
MLE			TILE		000000000000000000000000000000000000000		
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET AC	Andrewson with the factor of the control of the con			
			Cary-st-	4IP			
TITLE . NAME			TITLE	TILE			
STREET ADDRESS			NAME				
CITY-ST-ZIP			Section of the section of the	STREET ADDRESS CITY: ST.: ZIP			
January Press	96896944 0 0060946011						
indicated on this	report or supplemental report	in this filling does not qualify the tripe and accurate and that	or the exemption a my signature ສະໝາຍ	tated in Section	119.07(3)(f), Florida Statutes, I furt gal effect as if made under oath;	her certify that the information	
of the corporation	or the receiver or trustee em n addless, with all other like empo	anny side attended at Penetronia	nt as required by C	hapter 607, Flori	gal effect as if made under oath; da Statutes; and that my name a	that I am an officer or director possess in Block 11 or on an	
	$A = A \cdot $	デオハク			1 1		
SIGNATURE	LIAM		UFFY PRESI		7/15/02 7	27-409-7656	
<u></u>	SIGNATURE AND TYPED OR I		FICER OR DIRECTO		Date	Davima Phone #	

20 2000

A 1/2