FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 27 AM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000008783890
12/27/02--01026--011 **191.25

39204
REINSTATEMENT 02

DOCUMENT # P01000003522

1. Entity Name
QUEENAIRE TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2210 TALL INES DRIVE		2210 TALL PINES DRIVE	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210	
City & State LARGO, FL		City & State LARGO, FL	
Zip 33771	Country USA	Zip 33771	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3688589 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SUSAN DUFFY
Street Address (P.O. Box Number is Not Acceptable) 2210 TALL PINES DRIVE
SUITE 201
City LARGO FL Zip Code 33771

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] SUSAN DUFFY 10/29/02
Signature typed or printed 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PRESIDENT NAME SUSAN DUFFY STREET ADDRESS 2210 TALL PINES DRIVE CITY-ST-ZIP LARGO FL 33771	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000008783890 11/04/02--01069--010 **558.7
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CR2E034 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SUSAN DUFFY PRESIDENT 7/15/02 727-409-7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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