

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90034 001 ***150.00

DOCUMENT # P01000009661
1. Entity Name MCQ CONSULTING SERVICES, INC.

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44008771



2. Principal Place of Business 120 RIVER COVE LANE Suite, Apt. #, etc.	3. Mailing Address 120 RIVER COVE LANE Suite, Apt. #, etc.
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City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32963	Country

4. FEI Number 22-3813597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name WILLIAM McQUAID	
Street Address (P.O. Box Number is Not Acceptable) 120 RIVER COVE LANE	
City VERO BEACH	Zip Code FL 32963

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT McQUAID, WILLIAM J 120 RIVER COVE LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY McQUAID, ELIZABETH 120 RIVER COVE LANE VERO BEACH, FL 32963
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM McQUAID **Date** 1-4-04 **Daytime Phone #** (772) 234-4395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR