

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

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90088 045 ***150.00

DOCUMENT # <i>201000009661</i>	
1. Entity Name	
MCQ CONSULTING SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 CAROLINA CIRCLE S.W.		3. Mailing Address 1000 CAROLINA CIRCLE S.W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FLORIDA	
Zip 32962	Country USA	Zip 32962	Country USA

DO NOT WRITE IN THIS SPACE

40035906

DO NOT WRITE IN THIS SPACE	4. FEI Number 22-3813597		Applied For <input checked="" type="checkbox"/> Not Applicable	
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent			
	Name WILLIAM McQUAID			
	Street Address (P.O. Box Number is Not Acceptable) 1000 CAROLINA CIRCLE			
		City VERO BEACH	FL	Zip Code 32962

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

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

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT McQUAID, WILLIAM J. 1000 CAROLINA CIRCLE S.W. VERO BEACH, FLORIDA 32962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY McQUAID, ELIZABETH 1000 CAROLINA CIRCLE S.W. VERO BEACH, FLORIDA 32962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 WILLIAM McQUAID

3-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #