

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

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 045 ***150.00

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| DOCUMENT # <u>PO1 000009661</u> | |
| 1. Entity Name | |
| MCQ Consulting Services, Inc. | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business 880 Woodhaven Lane S.W. Suite, Apt. #, etc. | | 3. Mailing Address 880 Woodhaven Ln. S.W. Suite, Apt. #, etc. | |
| City & State Vero Beach, FL. | | City & State Vero Beach, Florida | |
| Zip 32962 | Country USA | Zip 32962 | Country USA |

| | | |
|--|--|---|
| 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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IN THIS SPACE**

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|---|------------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name William McQuaid | |
| Street Address (P.O. Box Number is Not Acceptable) 880 Woodhave Lane S.W. | |
| 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 Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President William McQuaid 880 Woodhaven Lane S.W. Vero Beach, Florida 32962 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary / Treasurer Elizabeth McQuaid 880 Woodhaven Lane S.W. Vero Beach, Florida 32962 |
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11.

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-16 772-569-2038

ATTACHMENT

40027730

#P01000009661

3-3-06

To Whom It May Concern

I neglected to enclose my
corporation check with my first
application.

Thank you,
William J. Land