

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90048 049 \*\*\*150.00

**DOCUMENT # P01000078459**

1. Entity Name

**L Q INVESTMENT, INC.**

Principal Place of Business

**8870 TERRENCE CT  
BONITA SPRINGS FL 34135**

Mailing Address

**8870 TERRENCE CT  
BONITA SPRINGS FL 34135**

2. Principal Place of Business

**8870 Terrene Court**

3. Mailing Address

**8870 Terrene Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bonita Springs**

City & State

**Bonita Springs**

4. FEI Number

**59-3735344**

Applied For

☐ Not Applicable

Zip

**34135**

Country

**USA**

Zip

**34135**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SZEMPRUCH, DAVID J  
4910 TAMiami TRAIL N, SUITE 210  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Lee Quernheim**

Street Address (P.O. Box Number is Not Acceptable)  
**8870 Terrene Court**

City **Bonita Springs**

**FL**

Zip Code  
**34135**

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, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/5/02**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 ☐ Delete  
NAME **D QUERNHEIM, LEROY W**  
STREET ADDRESS **3490 FIDDLEHEAD CT**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

**7/26/02**

Date

Daytime Phone #

CR2E034 (9/01)