

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90069 035 ***150.00

DOCUMENT # P01000089617

1. Entity Name
KILLER Q, INC.

Principal Place of Business
2754 ANCHOR ROAD
MIDDLEBERG FL 32068

Mailing Address
2754 ANCHOR ROAD
MIDDLEBERG FL 32068

2. Principal Place of Business
2640 Blanding Blvd.
 Suite, Apt. #, etc.
Ste 208

3. Mailing Address
2754 Anchor Rd.
 Suite, Apt. #, etc.
1

City & State
Middleburg
 Zip
32068

City & State
Middleburg
 Zip
32068

Country
US

4. FEI Number
59-3749219

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARFIELD, WILLIAM E ESQ.
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32715

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 **D** ☐ Delete
 NAME **MATHEWS, ROBERT JR.**
 STREET ADDRESS **2754 ANCHOR ROAD**
 CITY-ST-ZIP **MIDDLEBERG FL 32068**

TITLE **D** ☐ Delete
 NAME **MATHEWS, MARINA**
 STREET ADDRESS **2754 ANCHOR ROAD**
 CITY-ST-ZIP **MIDDLEBERG FL 32068**

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
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TITLE ☐ Change ☐ Addition
 NAME
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 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 exercise the powers required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with the filing, with an officer or trustee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)