

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094642

1. Entity Name

QNH Enterprises, Inc.



FILED

03 SEP 26 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20337 Melville St.

Suite, Apt. #, etc.

3. Mailing Address

20337 Melville St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3750051

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nashawndra Jackson

Street Address (P.O. Box Number is Not Acceptable)

20337 Melville St.

City

Orlando

FL

Zip Code

32833

DO NOT WRITE
IN THIS SPACE

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 resigning.)

DATE

9/22/03

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
Quentin Jackson
20337 Melville St.
Orlando, FL 32833

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
Nashawndra Jackson
20337 Melville St.
Orlando, FL 32833

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03 (407) 568-4868

Date

Daytime Phone #

CR2E034B (12/02)

DO NOT WRITE
IN THIS SPACE

26 1

Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

September 23, 2003

Re:

Lack of notice for QNH Enterprises, Inc. (FEI # 593750051)
Regarding reinstatement to Active status for the corporation
Regarding waiver of late fees for filing of UBR

To whom ever it may concern:

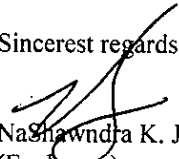
I am writing regarding the recent administrative dissolution of QNH Enterprises, Inc. (FEI # 593750051) and the late fees incurred.

We received no prior notice regarding the lateness of our filing of the UBR, nor did we receive notice of the Administrative Dissolution of the Corporation.

We respectfully request waiver of the late fee, reinstatement of the Corporation, and a Certificate of status. Enclosed is a check for \$158.75, which covers the original filing fee, as well as the fee for a Certificate of Status.

Please contact us at (407) 568-4868 if any additional problems exist.

Sincerest regards,


NaShawndra K. Jackson
(Enclosure)

CC: Reinstatement office