

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 91160 012 ***150.00

DOCUMENT # P02000019617

1. Entity Name
I.Q. RESEARCH, INC.



Principal Place of Business
4975 SOUTHERNWOOD DR.
SARASOTA FL 34241

Mailing Address
4975 SOUTHERNWOOD DR.
SARASOTA FL 34241

55046175



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2427 PORTER LAK DR
Suite, Apt. #, etc.
103

3. Mailing Address
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
FL

Zip
34240

Country
SARASOTA

4. FEI Number
395-20-6161

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHWAL, ERVIN J 4975 SOUTHERNWOOD DR. SARASOTA FL 34241	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: SIGNATURE REQUIRED _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (10/02)