

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90166 013 \*\*\*150.00

**DOCUMENT # P02000063841**

**1. Entity Name**  
**EXPERTQ, INC.**



**Principal Place of Business**  
**6657 SYLVAN WOODS DRIVE**  
**SANFORD FL 32771**

**Mailing Address**  
**P.O. BOX 470692**  
**LAKE MONROE FL 32771**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**68-0509720**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ABBAS, ZEYAD S**  
**6657 SYLVAN WOODS DRIVE**  
**SANFORD FL 32771**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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** **P** ☐ Delete  
**NAME** **TRAN, LOAN T**  
**STREET ADDRESS** **6657 SYLVAN WOODS DRIVE**  
**CITY-ST-ZIP** **SANFORD FL 32771**

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

**TITLE** **V** ☐ Delete  
**NAME** **ABBAS, ZEYAD S**  
**STREET ADDRESS** **6657 SYLVAN WOODS DRIVE**  
**CITY-ST-ZIP** **SANFORD FL 32771**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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

**SIGNATURE:**

**ZEYAD S. ABBAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug 15, 2003 321-363-2098**  
Date Daytime Phone #

CR2E034 (4/03)

attachment

90151038

#P02000063841

ExpertQ, Inc.  
P.O. Box 470692  
Lake Monroe, FL 32747  
(321) 363-2098  
August 15, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Attached is our completed Florida Uniform Business Report. We did not receive the prior notice. Per the instructions supplied with the form, we are enclosing the \$150.00 filing fee and this letter.

Sincerely,



Zeyad S. Abbas  
VP/Technical Services  
ExpertQ, Inc.