

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0509720

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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	<input type="checkbox"/> Delete
NAME	TRAN, LOAN T	
STREET ADDRESS	6657 SYLVAN WOODS DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABBAS, ZEYAD S	
STREET ADDRESS	6657 SYLVAN WOODS DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
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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

~~#P020000063841~~

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.