

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

DOCUMENT # **P02000108104**



1. Entity Name
QUIGLEY TREES, INC.

Principal Place of Business
7950 NW 82ND TERRACE
PARKLAND FL 33067-1030

Mailing Address
7950 NW 82ND TERRACE
PARKLAND FL 33067-1030

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

56-2297230

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLAHERTY, CONSTANCE Q
7950 NW 82ND TERRACE
PARKLAND FL 33067-1030

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 \$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

TITLE **PD** Delete
NAME **QUIGLEY, PETER M**
STREET ADDRESS **728 MICHAELS COURT**
CITY-ST-ZIP **STUART FL 34996**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **QUIGLEY, MARK**
STREET ADDRESS **7950 NW 82ND TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067-1030**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **QUIGLEY, SEAN D**
STREET ADDRESS **7950 NW 82ND TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067-1030**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **QUIGLEY, CONSTANCE Q**
STREET ADDRESS **7950 NW 82ND TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067-1030**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Constance Q. Flaherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-753-4999

Date

Daytime Phone #

CR2E034 (10/02)