

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

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 034 ***158.75

DOCUMENT # *P03000094508*

1. Entity Name

NAQUZIN INC

DO NOT WRITE IN THIS SPACE

60027841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3601 RED BUG LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

3601 RED BUG LAKE RD

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

City & State

CASSELBERRY FL

Zip

32707

Country

USA

Zip

32707

Country

U.S.A

4. FEI Number

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<i>OWNER</i>		
	<i>NAOMI QUAY</i>		
	<i>3601 RED BUG LAKE RD</i>		
	<i>CASSELBERRY FL 32707</i>		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Naomi Quay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06

Date

407-699-8335

Daytime Phone #

CR2E034B (12/01)