

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
 03-12-2002 90019 022 ***150.00

DOCUMENT # P92000001468

1. Entity Name
Q & Q ENTERPRISES, INC.

Principal Place of Business
~~3352 SW 49TH TERRACE~~
~~OCALA FL 34474~~
~~US~~

Mailing Address
~~P.O. BOX 774206~~
~~OCALA FL 34477~~
~~US~~

80039379



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4011 SE 61st Place
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 830597
 Suite, Apt. #, etc.

City & State
Ocala, Fl. 34480

City & State
Ocala Fl. 34483-0597

4. FEI Number
65-0367745

Applied For
 Not Applicable

Zip
34480

Country
USA

Zip
34483-0597

Country
USA

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

6. Name and Address of Current Registered Agent

~~QUINLAN, GERALD J~~
~~3352 SW 49TH TERRACE~~
~~OCALA FL 34474~~

7. Name and Address of New/Registered Agent

Name
Pamela J. Croy
 Street Address (P.O. Box Number is Not Acceptable)
4011 SE 61st Place
 City **Ocala** **FL** Zip Code **34480**

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 *Pamela J. Croy*

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLAN, GERALD J 3352 SW 49TH TERR OCALA FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINLAN, PATRICIA A 3352SW 49TH TERR OCALA FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pamela J. Croy 4011 SE 61st Place Ocala, Fl. 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela J. Croy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 (352) 351-2553

Date

Daytime Phone #

CR2E034 (9/01)