

FILED
Mar 07, 2000 8:00 am
Secretary of State

DOCUMENT # P93000006135

HQZ, INC.

Principal Place of Business	Mailing Address
6319 INTERNATIONAL DR. ORLANDO FL 32819	6319 INTERNATIONAL DR. ORLANDO FL 32819-8213

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	59-3160862	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent	
ALLEN, DORIS YABRUDY 6319 INTERNATIONAL DR. ORLANDO FL 32819	Name
	Street Address (If different from above)
	City

FL Zip Code _____

8. The above name, _____, changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name _____
red agent and title if applicable _____
(NOTE: Registered Agent signature required when reinstating) _____
DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALLEN, DORIS Y. 6319 INTERNATIONAL DR. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.

CR2E034 (9/99)