

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90155 010 ***150.00

DOCUMENT # P93000006135

1. Entity Name

HQZ, INC.

Principal Place of Business

6319 INTERNATIONAL DR.
 ORLANDO FL 32819

Mailing Address

6319 INTERNATIONAL DR.
 ORLANDO FL 32819

2. Principal Place of Business

NONE at this time

3. Mailing Address

4630 S. Kirkman Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 269

City & State

City & State

ORLANDO, FLORIDA

Zip

Country

Zip

Country

32811

USA

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

7. Name and Address of New Registered Agent

Name DORIS Y. Allen

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

4630 S. Kirkman Rd PMB # 269

ORLANDO

FL

Zip Code 32811

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

Doris Y. Allen

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

TITLE DP ☐ Delete
 NAME ALLEN, DORIS Y.
 STREET ADDRESS 6319 INTERNATIONAL DR.
 CITY-ST-ZIP ORLANDO-FL 32811

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Doris Y. Allen

DORIS Y. ALLEN

Date

1/25/02

407-290-8844

Daytime Phone #

CR2E034 (9/01)