2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90337 011 ***150.00

DOCUMENT # P93000006135

1. Entity Name
HQZ, INC.

Principal Place of Business	Mailing Address
6319 INTERNATIONAL DR. ORLANDO, FL 32819	4630 S. KIRKMAN RD PMB #269 ORLANDO, FL 32811

2. Principal Place of Business	3. Mailing Address
NONE / inactive as of today	6656 Hidden Beach Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLando, FL
Zip / Country	Zip: 32819 Country: USA

☑ CHECK HERE IF MAKING CHANGES

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 Y
4630 S. KIRKMAN RD.
PMB #269
ORLANDO, FL 32811

7. Name and Address of New Registered Agent
Name: Doris Y. Allen
Street Address (P.O. Box Number is Not Acceptable): 6656 Hidden Beach Circle
City: ORLando FL Zip Code: 32819

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: Doris Y. Allen — 4/6/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLEN, DORIS Y.	NAME	
STREET ADDRESS	~~4630 S. KIRKMAN RD PMB #269~~ 6656 Hidden Beach	STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO, FL 32811~~ ORLando, FL 32819	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 all other like empowered.

SIGNATURE: Doris Y. Allen — 4/6/03 — 407 290-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)