

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90156 005 \*\*\*150.00

**DOCUMENT # P94000058798**

Entity Name  
**S.T.Q., INC.**

Principal Place of Business  
**9001 SAN CARLOS BLVD**  
**FT. MYERS FL 33931**

Mailing Address  
**17274 SAN CARLOS BLVD.**  
**SUITE 202**  
**FT. MYERS BEACH FL 33931**

**80029236**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**A.S.T.O. FINC**  
**11627 MARSHWOOD LN.**  
**FT. MYERS, FL**  
**33908**

4. FEI Number	Applied For
<b>65-0511239</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>MCGUIGAN, MICHAEL</b> <b>18196 DEEP PASSAGE LANE</b> <b>FT. MYERS BEACH FL 33931</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
<table border="1"> <tr> <td>NAME</td> <td><b>D</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MCGUIGAN, MICHAEL</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>18196 DEEP PASSAGE LANE</b></td> <td></td> </tr> <tr> <td></td> <td><b>FT. MYERS BEACH FL 33931</b></td> <td></td> </tr> </table>	NAME	<b>D</b>	<input type="checkbox"/> Delete	STREET ADDRESS	<b>MCGUIGAN, MICHAEL</b>		CITY-ST-ZIP	<b>18196 DEEP PASSAGE LANE</b>			<b>FT. MYERS BEACH FL 33931</b>		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:** *Michael B. McGuigan* **1-31-02 941-415-3622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)