

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084664

1. Entity Name  
ROBERT QUIGLEY, INC.

Principal Place of Business  
2910 COMMERCE PARK DRIVE  
BOYNTON BEACH FL 33426

Mailing Address  
2910 COMMERCE PARK DRIVE  
BOYNTON BEACH FL 33426

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 **65-0541279**      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ILBONK IRA,  
1030 LAKE AVENUE  
SUITE C  
LAKE WORTH FL 33460

Name

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

City

**FL**      Zip Code

## 7. Name and Address of New Registered Agent

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

 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      DPT  
NAME      QUIGLEY, ROBERT  
STREET ADDRESS      2910 COMMERCE PARK DR  
CITY-ST-ZIP      BOYNTON BEACH FL 33426

Delete

TITLE      DVS  
NAME      QUIGLEY, FAYE  
STREET ADDRESS      2910 COMMERCE PARK DR  
CITY-ST-ZIP      BOYNTON BEACH FL 33426

Delete

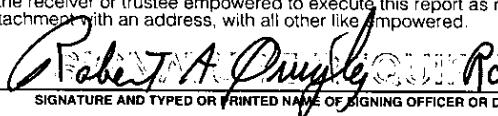
TITLE       
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:  Robert A. Quigley      4-22-02      561-582-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002  
AV