

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90082 029 \*\*\*150.00

**DOCUMENT # P95000045882**

**1. Entity Name**  
**MCQUAIG INVESTMENTS, INC.**

**Principal Place of Business**      **Mailing Address**  
**4662 SWILEAN BRLNS**      **4662 SWILEAN BRLNS**  
**JACKSONVILLE FL 32224**      **JACKSONVILLE FL 32224**

**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**      **59-3317345**      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENE, THOMAS H JR**  
**225 WATERS STREET, #2222**  
**JACKSONVILLE FL 32202**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>MCQUAIG, DAWSON</b>	<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	<b>4662 SWILEAN BRLNS</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32224</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<b>NAME</b>		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<b>NAME</b>		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<b>NAME</b>		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<b>NAME</b>		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<b>NAME</b>		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			

**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:** *Dawson A. McQuaig*      **DAWSON A. MCQUAIG**      **2-1842 2998323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)