FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061473

1. Entity Name
QUESENBERRY ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 97-02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7535 S.W. 62nd Ct Suite, Apt. #, etc.	7535 S.W. 62nd Ct. Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34476 Country: U.S.A.	Zip: 34476 Country: U.S.A.

4. FEI Number 59-3390412 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DENNIS QUESENBERRY

Street Address (P.O. Box Number is Not Acceptable): 6382 S.W. 21st Ct Rd

City: OCALA FL Zip Code: 34474

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: Dennis H. Quesenberry President
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENNIS QUESENBERRY 6382 S.W. 21st Ct Rd. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER DONNA QUESENBERRY 6382 S.W. 21st Ct Rd. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005822871--8 -06/18/02--01081--015 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005822871--8 -06/18/02--01081--016 ***1341.25 ***1341.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE 8.75-Cert 88.75-AKSCRP 61.25-AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1341.25-Adm
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis H. Quesenberry President 4/4/02 352-873-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #