

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90029 028 \*\*\*150.00

**DOCUMENT #** P96000067027  
**1. Entity Name**  
M+Q Associates Inc

**Principal Place of Business** M+Q Associates  
3626 Cold Creek Dr  
Valrico, FL 33594  
**Mailing Address** M+Q Associates  
3626 Cold Creek Dr  
Valrico, FL 33594

**2. Principal Place of Business** 3626 Cold Creek Drive  
**3. Mailing Address** 3626 Cold Creek Drive  
**Suite, Apt. #, etc.**

**City & State** Valrico, FL **City & State** Valrico, FL  
**Zip** 33594 **Country** USA **Zip** 33594 **Country** USA

**4. FEI Number** 59-3396489 **Applied For** ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
DALE J. Quade  
M+Q Associates  
3626 Cold Creek Drive  
Valrico, FL 33594

**7. Name and Address of New Registered Agent**  
**Name** Barbara A. Mulholland  
**Street Address (P.O. Box Number is Not Acceptable)**  
3626 Cold Creek Drive  
**City** VALRICO **FL** **Zip Code** 33594

**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** BARBARA A MULHOLLAND  
Signature, typed or printed name of registered agent and title if applicable.

4-15-01  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>DALE J. QUADE</u> <u>3626 COLD CREEK DRIVE</u> <u>VALRICO, FL 33594</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>BARBARA A MULHOLLAND</u> <u>3626 COLD CREEK DRIVE</u> <u>VALRICO, FL 33594</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Barbara A Mulholland BARBARA A MULHOLLAND  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01  
Date 813-248-1477  
Daytime Phone #

CR2E034 (11/00)