

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000076485

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: JMQ CORPORATION

## Current Principal Place of Business:

%JAMES QUINN  
419 SW PINE ISLAND ROAD  
CAPE CORAL, FL 33991

## New Principal Place of Business:

%JAMES QUINN  
4410SE 19TH AVE  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

%JAMES QUINN  
419 SW PINE ISLAND ROAD  
CAPE CORAL, FL 33991

## New Mailing Address:

%JAMES QUINN  
4410SE 19TH AVE  
CAPE CORAL, FL 33904 US

FEI Number: 04-3327242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINN, JAMES A  
CORAL WOOD VILLAGE MOBILE HOME PARK  
419 SW PINE ISLAND ROAD  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

QUINN, JAMES A  
4410 SE 19TH AVE  
CAPE CORAL, FL 33904 US

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: \_\_\_\_\_

04/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: QUINN, JAMES A  
Address: 419 SW PINE ISLAND ROAD  
City-St-Zip: CAPE CORAL, FL 33991

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: QUINN, JAMES A  
Address: 4410SE 19TH AVE  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. QUINN

P

04/23/2002

Electronic Signature of Signing Officer or Director

Date