

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

0032918 AV

**DOCUMENT # P96000087033**

1. Entity Name  
**Q P MANAGEMENT, INC.**

02-06-2002 90024 048 \*\*\*150.00

Principal Place of Business      Mailing Address  
**5461 CARDAN ROAD**      **5461 CARDAN ROAD**  
**JACKSONVILLE FL 32244**      **JACKSONVILLE FL 32244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **59-3424323**      Applied For  
 Not Applicable

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

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

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

**QUEEN, KATHRYN M**  
**5461 CARDAN ROAD**  
**JACKSONVILLE FL 32244**

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 *Kathryn Queen*      *Same*      *1/21/01*  
 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>P</b>	<input type="checkbox"/> Delete	<b>QUEEN, KATHRYN M</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
	<b>5461 CARDAN ROAD</b>		<b>JACKSONVILLE FL 32244</b>						
	<b>VP</b>	<input type="checkbox"/> Delete	<b>PASTORI, BRIAN A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
	<b>8335 FREEDOM CROSSING TRAIL #3705</b>		<b>JACKSONVILLE FL</b>						
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
		<input type="checkbox"/> Delete		<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 info empowered.

SIGNATURE: *Kathryn Queen*      *1/21/01*      *904-779-1516*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)