2003 FOR PROFIT CORPORATION

FILED May 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000095083 **DOCUMENT #** 1. Entity Name 05-12-2003 90907 001 ***150.00 C.B.Q., INC. Principal Place of Business Mailing Address 8301 DELAND AVE 8301 DELAND AVE FT PIERCE FL 34951 FT PIERCE FL 34951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0709146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLAGHER, RONALD Street Address (P.O. Box Number is Not Acceptable 390 NARRAGANSÉTT STREÉT NE PALM BAY FL 3290/ 01 the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept 8. The above no s this statement for entity s the obl SIGNATI nt and title if applicable FILE NOW!!! FEE 15 \$ 60.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Make Check Payable to Florid Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE **X** Addition ☐ Defete QUIGLEY, BRIAN C NAME NAME 8301 DELAND AVE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE 🔀 Delete COLLIE, DAVID NAME NAME 8301 DELAND AVENUE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34951 CITY-ST-ZIP CITY-ST-ZIP _ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME NAME

12. I hereby certify that the information indicated on this report of applications. thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ental report is of the corporation or the changed, or on an at

CITY-ST-ZIP

STREET ADDRESS

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600095083 1. Entity Name C.B.Q., INC.											5504	0138	
Principal Place of Business 8301 DELAND AVE FT PIERCE FL 34951 US				Mailing Address 8301 DELAND AVE FT PIERCE FL 34951 US			,						
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-0709146 Applied For Not Applicable					
Zip		Country		Zip	Cour	itry		5 . Cer	tificate of St	atus Desired		8.75 Add	litional
	6. Name	and Address of	Current Regi	stered Agent	<u> </u>			7. Nar	ne and Add	ress of New F	legistered A	gent	_ •
GALLAGHER, RONALD								ian	۲.	Quie	gley		
390 NARRAGANSETT STREET NE PALM BAY FL 32907						Street A	adress (P.O. Box	Number is i	lot Acceptable		2	
, Adii ba	. , E 02501					City 1	ナ <u>0つ</u>	<u>D:</u>	Ue onco	lana	Aut FL	- 308	e
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Alent signature required where required where required where the signature required where t													
F After Make Check		·· ·				Campaign Fir nd Contributio			May Be I to Fees				
10.		OFFICE	RS AND DIRE	CTORS	11.			ADDI	TIONS/CHA	NGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8301 DEL	BRIAN C AND AVE RCE FL 34951	. •	☐ Delete	d .		830	LEY	STEPI ZAND REE	HANIE DUE H. 34		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLIE, [8301 DEL FORT PIE)AVID AND AVENUE RCE FL 34951		Delete			181 V CAU 830	P	REGORI ZANI) RCT	1AJE-	4951	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			7	Defete								☐ Change	Addition
12. 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 supplied all report is type 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 tipe receiver of tributes disposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIG													