

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004537

1. Entity Name

D.Q. SERVICES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90101 024 ***150.00

Principal Place of Business

Mailing Address

C/O DANNY QUILLIN
5421 NE 18TH AVE. NO 2
FORT LAUDERDALE FL 33334-5854

C/O DANNY QUILLIN
5421 NE 18TH AVE. NO 2
FORT LAUDERDALE FL 33304-1422

809177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1007 N. Federal Hwy
Suite, Apt. #, etc.
300

3. Mailing Address

1007 N. Federal Hwy
Suite, Apt. #, etc.
300

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE FL.

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

65-0720837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUILLIN, DANNY
5421 NE 18TH AVE. NO 2
FORT LAUDERDALE FL 33334-5854

7. Name and Address of New Registered Agent

Name

Quillin, DANNY

Street Address (P.O. Box Number is Not Acceptable)

1007 N. Federal Hwy 300

City

FT. LAUDERDALE

FL

Zip Code

33304

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

Danny Quillin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/2000

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, 2000 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	P	QUILLIN, DANNY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		5421 NE 18TH AVE #2	
CITY-ST-ZIP		FT. LAUDERDALE FL 33334	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	QUILLIN, DANNY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		1007 N. Federal Hwy 300	
CITY-ST-ZIP		FT. LAUDERDALE FL. 33304	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

DANNY QUILLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2000 954-646-677

Date

Daytime Phone #