2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 21, 2001 8:00 am Secretary of State **DOCUMENT #** P97000027387 1. Entity Name ELQ, INC. 09-21-2001 90006 009 ***150.00 Principal Place of Business Mailing Address 16207 WEST COURSE DRIVE 16207 WEST COURSE DRIVE TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Addréss Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3437898 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent--7.. Name and Address of New Registered Agent --SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code 8. The above named entity mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750,00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PSTD** ☐ Delete TITLE ☐ Change (5/01)NAME QUIGLEY, ELIZABETH L NAME STREET ADDRESS 16207 WEST COURSE DRIVE STREET ADDRESS **CR2E034** TAMPA FL 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

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☐ Delete

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0		9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New	Replatered Agent	
1.059	343	GEL & UTRERA, P.A. ALMERIA AVENUE AL GABLES FL 33134			ess (P.O. Box Number is Not Acce	ptable)	
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997600027387 BW65978 16207 W. Course Dr. Dampa, H. 33624 September 13, 2001

Sentlemen:

Enclosed is a copyrof.

my 2000 upnt. ch received the 3001.

upnt today 9/13/2001. ch never received

a fam for 2000, ch copied 1999 and changed

the sate. also enclosed is a check for

\$150.00. Ch can not afford the '550.00

this is a small corporation, that my

comissions go thus. af you have any

quistions, share eall me.

Sinauly, Setty Zugley 813-962-4553