

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033900

1. Entity Name

C.Q. PORT RICHEY PROPERTY, INC.

Principal Place of Business

1560 GULF BLVD #3 405
CLEARWATER FL 33767-2900
US

Mailing Address

1560 GULF BLVD #3 405
CLEARWATER FL 33767-2900
US

2. Principal Place of Business

9205 COMMERCIAL WAY

Suite, Apt. #, etc.

3. Mailing Address

9205 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

WEEKI WACHEE, FL

City & State

WEEKI WACHEE, FL

Zip

34613

Zip

34613

Country

USA

Country

USA

4. FEI Number

59-3443034

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERAOLO, CARMEL A
1560 GULF BLVD #3-405
CLEARWATER FL 33767-2900

7. Name and Address of New Registered Agent

Name

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

9205 COMMERCIAL WAY

City

WEEKI WACHEE

FL

Zip Code
34613

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

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, 2001 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	D CERAOLO, CARMEL A 1560 GULF BLVD #3-405 CLEARWATER FL 33767-2900	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9205 COMMERCIAL WAY. WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, JOHN H P.O. BOX 941539 N/A MAITLAND FL 32794-1539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 like empowered.

SIGNATURE:

Carmel A. Ceraolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-592-5926

Daytime Phone #

CARMEL A CERAOLO



DO NOT WRITE IN THIS SPACE