

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060799

1. Entity Name
TQNET, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90218 001 ***300.00

Principal Place of Business
576 NORTH SEMORAN BLVD.
ORLANDO FL 32807-3326

Mailing Address
576 NORTH SEMORAN BLVD.
ORLANDO FL 32807-3326

2. Principal Place of Business
12501 Lake Underhill Rd
Suite, Apt. #, etc.

3. Mailing Address
12501 Lake Underhill Rd.
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip 32828 Country

City & State
Orlando FL
Zip 32828 Country

4. FEI Number 59-3458240

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

HARRINGTON, RICHARD G SR
576 NORTH SEMORAN BLVD.
ORLANDO FL 32807-3326

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 _____ (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 P
NAME HARRINGTON, RICHARD G SR
STREET ADDRESS 576 NORTH SEMORAN BLVD.
CITY-ST-ZIP ORLANDO FL 32807-3326 ☐ Delete

TITLE
NAME 12501 Lake Underhill Rd
STREET ADDRESS Orlando, FL 32828 ☒ Change ☐ Addition

TITLE VP
NAME MISHLER, BRIAN L
STREET ADDRESS 576 NORTH SEMORAN BLVD.
CITY-ST-ZIP ORLANDO FL 32807-3326 ☐ Delete

TITLE
NAME 12501 Lake Underhill Rd
STREET ADDRESS Orlando, FL 32828 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)