

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90280 042 \*\*\*150.00

**DOCUMENT # P98000008982**

1. Entity Name

**RBQ INC.**

Principal Place of Business

**21736 CLUB VILLA TERRACE  
BOCA RATON FL 33433  
US**

Mailing Address

**21736 CLUB VILLA TERRACE  
BOCA RATON FL 33433-3703  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0808359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**00005609**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUACKENBUSH, RONALD  
4551 N.W. 26TH PLACE  
BOCA RATON FL 33434****Name: Ronald Quackenbush**  
**Street Address (P.O. Box Number is Not Acceptable): 21736 Club Villa Terrace**  
**City: Boca Raton FL Zip Code: 33433**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D QUACKENBUSH, RONALD 4551 N.W. 26TH PLACE BOCA RATON FL 33464</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** *Ronald Quackenbush*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Ronald Quackenbush** 501-994-1619  
01/13/2000 Daytime Phone #

CR2E034 (9/99)