

2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # P98000032895

1. Entity Name

IQ GROUP, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90016 004 ***150.00

Principal Place of Business

215 AIRPORT RD. S.
NAPLES FL 34104

Mailing Address

215 AIRPORT RD. S.
NAPLES FL 34104-3531

2. Principal Place of Business

3936 Tamiami Trail North

Suite, Apt. #, etc.
Suite B

City & State
Naples, FL

Zip
34103

Country
USA

3. Mailing Address

3936 Tamiami Trail North

Suite, Apt. #, etc.
Suite B

City & State
Naples, FL

Zip
34103

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2391489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, DAVID E
215 AIRPORT RD. S.
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Joseph E. Ujcz

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

3936 Tamiami Trail North, Suite B

City
Naples

FL

Zip Code
34103

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

Joseph E. Ujcz
Signature, typed or printed name of registered agent (not applicable)

Joseph E. Ujcz

4-17-00
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 Max. Co
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROCHOVA, MARIA 215 AIRPORT RD S. NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOCUROVA, JANA 215 AIRPORT RD S. NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELIAS, MARTIN 215 AIRPORT RD S. NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grochova, Maria 3936 Tamiami Trail North, Suite B Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kocurova, Jana 3936 Tamiami Trail North, Suite B Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Elias, Martin 3936 Tamiami Trail North, Suite B Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Joseph E. Ujcz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)