

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042856

1. Entity Name

DFQ BUSINESS SERVICES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90010 027 ***150.00

Principal Place of Business	Mailing Address
250 WATSON RD. ST. AUGUSTINE FL 32086	250 WATSON RD. ST. AUGUSTINE FL 32086-5630

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3578402	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
HILTBRUNNER, DORRACE 250 WATSON RD. ST. AUGUSTINE FL 32086	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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD HILTBRUNNER, DORRACE 250 WATSON RD. ST. AUGUSTINE FL 32086	4/5/00 DORRACE HILTBRUNNER
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	PT/D. ALISON SHURTLEFF 6 CENTER PL PALM COAST, FL
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
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: [Signature] 3-27-00 904-774-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)