

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90038 029 ***150.00

0009641 AV

DOCUMENT # P99000042856

1. Entity Name

DFQ BUSINESS SERVICES, INC.

Principal Place of Business

**250 WATSON RD.
 ST. AUGUSTINE FL 32086**

Mailing Address

**250 WATSON RD.
 ST. AUGUSTINE FL 32086**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SUITE 111

PMB 311

Suite, Apt. #, etc.

2120 US 1 SOUTH

Suite, Apt. #, etc.

1835 US 1 SOUTH 119

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

Zip

32086

Country

ST JHNS

Zip

32084

Country

ST JHNS

4. FEI Number

59-5578402

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HILTBURNER, DORRACE
 250 WATSON RD.
 ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name **DORRACE HILTBURNER**

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

PMB 311

1835 US 1 SOUTH 119

City **ST AUGUSTINE**

FL

Zip Code **32084**

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]

DORRACE HILTBURNER CEO

2-11-02

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, 2002 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

TITLE **VSD** ☐ Delete
 NAME **HILTBURNER, DORRACE**
 STREET ADDRESS **250 WATSON RD.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **PTD** ☒ Delete
 NAME **SHURTLEFF, ALISON**
 STREET ADDRESS **6 CENTER PLACE**
 CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D/P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **S/D** ☐ Change ☒ Addition
 NAME **RHETA GARDINER**
 STREET ADDRESS **PMB 311, 1835 US 1 SOUTH 119**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

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

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

904 794 0080

Daytime Phone #

CR2E034 (9/01)