

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90264 002 ***150.00

DOCUMENT # P99000042856

1. Entity Name
DFQ BUSINESS SERVICES, INC.



Principal Place of Business
**2120 US 1 SOUTH
STE 111
ST. AUGUSTINE FL 32086**

Mailing Address
**1835 US 1 SOUTH (19)
PMB 311
SAINT AUGUSTINE FL 32084**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1835 U.S. 1 SOUTH #119
PMB 311**

☐ CHECK HERE IF MAKING CHANGES

City & State

St. Augustine, FL 32084

4. FEI Number **59-5578402**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
PMB311
1835 US 1 SOUTH (19)
SAINT AUGUSTINE FL 32084**

Name

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

**1835 U.S. 1 SOUTH #119
PMB 311**

City

St. Augustine, FL 32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **1835 U.S. 1 SOUTH #119**
STREET ADDRESS **PMB 311**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GARDINIER, RHETA**
CITY-ST-ZIP **PMB 311 1835 US 1 SOUTH 119
SAINT AUGUSTINE FL 32084**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORRACE A. HILTBRUNNER 2/11/23 904-744-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)