2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # **P99000055377** 1. Entity Name "CQ" & ASSOCIATES NEW WORLD REALTY, INC. 05-12-2001 90059 014 ***150.00 Principal Place of Business Mailing Address 27 NORTH NAVY BLVD 27 NORTH NAVY BLVD PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3582629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSHING, DWYKE L 27 NORTH NAVY BLVD PENSACOLA FL 32507 T06 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 d title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME RUSHING, DWYKE L NAME STREET ADDRESS 1000 NEW WARRINGTON RD STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE RUSHING, KATHY R . NAME NAME STREET ADDRESS STREET ADDRESS 27 N NAVY BLVD CITY-ST-7IP-CITY-ST-ZIP PENSACOLA FL 32507 ☐ Addition TITLE ☐ Delete TITLE RUSHING, M M NAME NAME STREET ADDRESS STREET ADDRESS 27 NORTH NAVY BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 ■ Addition ☐ Delete TITLE RUSHING, JASON D NAME NAME STREET ADDRESS **EDWARDS AIR FORCE BASE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDWARDS CA 93523 TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 in changed, or on an attachment with an address, with all other like empowered.