2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000036055 1. Entity Name CREATIVE QUEST, INC. 04-17-2001 90079 042 ***150.00 Principal Place of Business Mailing Address 7120 DOROUGH LANE 7120 DOROUGH LANE **BRADENTON FL 34202 BRADENTON FL 34202** ひまする 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number . Applied For 65-1:005084 Not Applicable Zip \$8.75 Additional 5.- Certificate of Status Desired 🗻 🔲 🕞 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUERIOEM** GALLAGHER, SHELLY A Street Address (f 1205 MANATEE AVENUE WEST **BRADENTON FL 34205** City 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, 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT TITLE ☐ Change ☐ Addition ☐ Delete TITLE JILL A. HALLER NAME NAME 7120 DORNOUGH LANE STREET ADDRESS STREET ADDRESS BARDENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP BEASURY SCERETTIRY TITLE TITLE Change Addition NANCY BECKWETH NAME NAME 120 Dornwigh Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP bradentin, 7L 34202 CITY-ST-ZIP TITLE TITLE ☐ Change ___ Addition NAME 20 DORNOUGH KANE NAME STREET ADDRESS BARDENTON, FL 39202 STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/8/01

(941) 359-2154

Daytime Phone #