2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000108925

Entity Name: PSILOQUEST, INC.

Current Principal Place of Business:

1025 S SEMORAN BLVD
STE 1093
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P OB OX 5832
WINTER PARK, FL 33793

New Mailing Address:

FEI Number: 59-3684175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEID, ROBERT L
1025 S SEMORAN BLVD STE 1093
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

HEID, ROBERT L
1025 SOUTH SEMORAN BLVD
1093
WINTER PARK, FL 32792 US

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: 01/11/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HEID, ROBERT L	
Address:	603 DARCON DRIVE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	YOKLEY, EDWARD M	
Address:	1664 W 157TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	D	( ) Delete
Name:	OBENG, YAW S	
Address:	272 LYTON CIRCLE	
City-St-Zip:	ORLANDO, FL 32824	
Title:	D	(X) Delete
Name:	BURTON, RANDOLPH H	
Address:	11532 WILLOW GARDENS DRIVE	
City-St-Zip:	WINDERMERE, FL 347866015	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HEID PRES 01/11/2002
Electronic Signature of Signing Officer or Director Date