

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90117 018 ***550.00

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DOCUMENT # P96000088619

1. Entity Name
QUEST ECOLOGY INC.

Principal Place of Business
1080B CHERT ROCK TRAIL
LITHIA FL 33547
US

Mailing Address
1080B CHERT ROCK TRAIL
LITHIA FL 33547
US



2. Principal Place of Business

3. Mailing Address

1078 CHERT Rock Trail
 Suite, Apt. #, etc.

1078 Chert Rock Trail
 Suite, Apt. #, etc.

City & State
Lithia, FL

City & State
Lithia, FL

4. FEI Number **65-0710786**

Applied For
Not Applicable

Zip **33547** **Country** **US**

Zip **33547** **Country** **US**

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

HANDY, VIVIANNE
3208 NORTH ROME AVENUE
TAMPA FL 33607

Name

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

City

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **HANDY, VIVIANNE**
STREET ADDRESS **1080 CHERT ROCK TRAIL**
CITY-ST-ZIP **LITHIA FL 33547**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)