

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90466 017 ***150.00

DOCUMENT # P02000003562

1. Entity Name

QUEST LABEL CORPORATION



Principal Place of Business
**3520 AGRICULTURAL CENTER DRIVE
ST. AUGUSTINE FL 32092**

Mailing Address
**3520 AGRICULTURAL CENTER DRIVE
ST. AUGUSTINE FL 32092**

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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3520 Agricultural Ctr Dr
Suite, Apt. #, etc.
Suite 301
City & State
St Augustine, Florida

3. Mailing Address
3520 Agricultural Ctr Dr
Suite, Apt. #, etc.
Suite 301
City & State
St Augustine, Florida

4. FEI Number
59-3745510
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**B. PAUL KATZ, ESQUIRE
ATRIUM SUITE
1 FLORIDA PARK DRIVE SOUTH
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Treasurer
FRED SWAN
2960 No Coastal Hwy #5A
St Augustine FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President Sec.
BOB CRIMEK
2960 No Coastal Hwy #5A
St Augustine, FL 32084**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

TITLE
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/03

CR2E034 (10/02)