

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000036077

**Entity Name:** NQUIRE, INC.

**Current Principal Place of Business:**

16930 SWEETWATER RD  
DADE CITY, FL 33523

**Current Mailing Address:**

PO BOX 1931  
DADE CITY, FL 33526

**FEI Number:** 45-3961729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FISCARELLI, STEPHANIE O  
16930 SWEETWATER RD  
DADE CITY, FL 33523 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ODOM, SANDRA H  
Address 16930 SWEETWATER RD  
City-State-Zip: DADE CITY FL 33523

Title VP  
Name JONES, WENDY  
Address 16930 SWEETWATER RD  
City-State-Zip: DADE CITY FL 33523

Title VP  
Name FISCARELLI, STEPHANIE  
Address 16930 SWEETWATER RD  
City-State-Zip: DADE CITY FL 33523

Title VP  
Name STEVENS, LESLIE  
Address 16930 SWEETWATER RD  
City-State-Zip: DADE CITY FL 33523

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEPHANIE FISCARELLI

**CHIEF ADMINISTRATION    02/21/2023**  
**OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date