

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