

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691260

1. Entity Name

LANDQUEST, INC.

Principal Place of Business

% GREGORY T GOODWIN
129 WHITECAPS CIRCLE
MAITLAND FL 32751

Mailing Address

% GREGORY T GOODWIN
129 WHITECAPS CIRCLE
MAITLAND FL 32751

2. Principal Place of Business

% GREGORY T. GOODWIN

3. Mailing Address

% GREGORY T. GOODWIN

Suite, Apt. #, etc.

202 QUASDOR CIR, STE 304

Suite, Apt. #, etc.

202 QUASDOR CIR, STE 304

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

ORANGE

Zip

32751

Country

ORANGE

6. Name and Address of Current Registered Agent

GOODWIN, GREGORY T
129 WHITECAPS CIRCLE
MAITLAND FL 32751

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.

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 13, 2000 Min. 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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GOODWIN, GREGORY T | |
| STREET ADDRESS | 129 WHITECAP CIRCLE | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GOODWIN, GREGORY T | |
| STREET ADDRESS | 129 WHITECAP CIRCLE | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GOODWIN, GREGORY T | |
| STREET ADDRESS | 129 WHITECAPS CIRCLE | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

7/13/2000

Date

(407) 629-9205
Daytime Phone #

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90010 018 ***150.00

A0068412



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2243806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CP2 (03/15/00)

ATTACHMENT

691260

AW68412

LandQuest, Inc.
202 Quayside Circle, Ste. 304
Maitland, Florida 32751

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Ref: LandQuest, Inc. FEI Number 59-2243806
Dear Sirs:

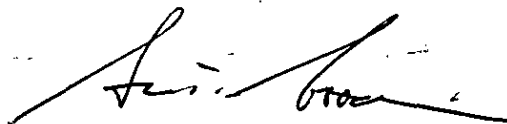
Sorry I have not provided you with this check prior to this time.

The reason I have been delinquent is that this is the first time that I have received this notice. The change of address noted was in effect as of late 1999 and if and when a first notice was sent out it was not forwarded to me.

Again, I am sorry for the late payment and would very much appreciate it if you would excuse the lateness for the above noted reason.

Thank you. A check for \$150.00 is enclosed.

Yours very truly,

A handwritten signature in black ink, appearing to read "Gregory T. Goodwin", written over a horizontal line.

Gregory T. Goodwin