

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90154 010 \*\*\*150.00

**DOCUMENT # F02000000123**

1. Entity Name  
**VQUEST, INC.**



Principal Place of Business  
**8223 LINDBERGH COURT  
SARASOTA FL 34243**

Mailing Address  
**8223 LINDBERGH COURT  
SARASOTA FL 34243**



2. Principal Place of Business

**6911 WINNERS CIR**

3. Mailing Address

**6911 WINNERS CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BRADENTON, FL**

City & State  
**BRADENTON, FL**

4. FEI Number **65-0412719**

Applied For

Not Applicable

Zip Country  
**34202 MANATEE**

Zip Country  
**34202 MANATEE**

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

6. Name and Address of Current Registered Agent

**RICE, MELISSA K  
1900 MAIN STREET, STE 300  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **STEVEN R BARWICK**  
Street Address (P.O. Box Number is Not Acceptable)  
**6911 WINNERS CIR**  
City **BRADENTON** FL Zip Code **34202**

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 **SC R. L.** (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	PCD	<input type="checkbox"/> Delete
NAME	BARWICK, ROBERT D	
STREET ADDRESS	8223 LINDBERGH COURT	
CITY-ST-ZIP	SARASOTA FL	See Above
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARWICK, GARY L	
STREET ADDRESS	8223 LINDBERGH COURT	See Above
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARWICK, STEVEN R	
STREET ADDRESS	8223 LINDBERGH COURT	See Above
CITY-ST-ZIP	SARASOTA FL	
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		

11. 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	

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

4/7/03 941-907-897

Date Daytime Phone #

CR2E034 (10/02)