AMENDED

103

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000001671

1. Entity Name

VERIQUEST, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -8 AM 8:00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE MR

2. Principal Place of Business	3. Mailing Address
675 FAIRVIEW	//
Suite, Apt. #, etc.: SUITE 246	Suite, Apt. #, etc.:
City & State: CARSON CITY, NEVADA	City & State: SAME
Zip: 89701 Country: USA	Zip: Country:

4. FEI Number: 03-0405096 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARY ANN DICKENS

Street Address (P.O. Box Number is Not Acceptable): 3313 LOUISIANA AVE

City: TAMPA FL Zip Code: 33614

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: Mary Ann Dickens July 31, 2003

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, CEO (P)
NAME	ERIC MARCHAND
STREET ADDRESS	15009 N. FLORIDA AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	SECRETARY (S)
NAME	ERIC MARCHAND
STREET ADDRESS	15009 N. FLORIDA AVE
CITY-ST-ZIP	TAMPA, FLORIDA 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	TO AMEND UBR:
STREET ADDRESS	FILING DATED
CITY-ST-ZIP	6/5/03
TITLE	
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STREET ADDRESS	
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TITLE	
NAME	400022181354
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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric Marchand 7-31-03 813-948-4889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #