## For profit corporation Uniform Business Report (UBR)

## FILED Apr 10, 2002 8:00 am Secretary of State

1. Entity Name GAOBAL QUEST INC. DBA HUMPERDINAS AND NOT WRITE IN THIS SPACE  2. Precision Place of Susiness HUMA IN FEDERALHWY Susta, Apr. F. rec.  2. Mainty Agricus HUMA IN FEDERALHWY PO BOX 50079 Susta, Apr. F. rec.  COMPY 33071 FL LIGHTHOUSE POINT FL LIGHTHOUSE POINT FL LIGHTHOUSE POINT FL Survey of Sustained Place of Susine Desired  The above named entity nutrity, the guarante for the purpose of charging to requirement affects of susine Desired Human  B. The above named entity nutrity, the guarante for the purpose of charging to requirement office or registered agoes, or both, in the State of first in  The above named entity nutrity, the guarante for the purpose of charging to requirement office or registered agoes, or both, in the State of first in  The above named entity nutrity, the guarante for the purpose of charging to registered agoes, or both, in the State of first in  The above named entity nutrity, the guarante for the purpose of charging to registered agoes, or both, in the State of first in  The above named entity in the purpose of charging to registered agoes, or both, in the State of first in  The above named entity in the purpose of charging to registered agoes, or both, in the State of first in  The above named entity in the purpose of charging to registered agoes, or both, in the State of first in  The above named entity in the purpose of charging does not purpose the purpose of charging to the purpose of c	DOCUMENT # F 99000001186				Secretary of State 04-10-2002 90669 020 ***158.75		
2. Principal Place of Business	II. FINNVNAME	3		NIKS	04-10-2002 90009 020	136.73	
2. Principal Place of Business		N(C	NOT SIK	-01 (QM)			
2. Principal Place of Business	F	na riat <b>woit</b> e	IN THIS S	DACE	Do.		
Suita, Ap. F. etc.  Suita,	De care alkie na ilio olume				B <b>00</b> 64718		
Suite, Apit 4, etc.  Suite, Apit 4, etc.  Suite, Apit 4, etc.  Suite, Apit 4, etc.  Cry 8, Suite  Lighthouse Point FL  Lighthouse Point							
And Applicable  And Applicable  Applicable				<del>, , ,</del>	DO NOT WRITE IN THIS SPACE		
## STAND PROCESSORY ADDRECTORS  THE MAKE  AME  AME  AME  AME  AME  AME  AME	City & State  City & State  City & State  LIGHTHOUGHE POINT FL LIGHTHOUGHE			POINT FL		<del></del>	
The above named entity submigs this statement for the purpose of changing its registant office or registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prime affine it registered agent, or both, in the State of Fords.  SIGNATURE  1. Cofficers and or prim	Zip	Zip Country Zip		Country	5. Certificate of Status Desired X \$8.75 Additional		
Street Address Co. So. Number is Not Acceptable)  NATHS SPACE  Street Address Co. So. Number is Not Acceptable)  NATH SPACE  Street Address Co. So. Number is Not Acceptable)  NATH SPACE  Street Address Co. So. Number is Not Acceptable)  NATH SPACE  Street Address Co. So. Number is Not Acceptable)  NATH SPACE  Street Address Co. So. Number is Not Acceptable)  NATH SPACE  Street Address Co. So. Number is Not Acceptable)  NATH Space Co. So. Number is Not Acceptable in Space Co. So. Number is Not Acceptable)  NATH Space Co. So. Number is Not Acceptable in Space Co.	ı			7. Namo and Address of Current Registered Agent			
EN THIS SPACE  City MATTHOLOGE POINT FL ZB Code WATTHOLOGE	MARI						
8. The above named entity submits this squarement for the purpose of changing its registered office or registered agent, or both, in the State of Floridge.  SIGNATURE  9. This corporation is eligible to seasify its Intangible Tax fing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  16. Added to Fees  25. DO May Be Added to Fees  26. OFFICERS  17. ST. 2P  17. ITLE  17. ITLE  17. ST. 2P  17. ITLE  17. ST. 2P  17.	Substitution of the state of th				ON FEDERAL HWY		
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 Floride.  SIGNATURE  Signature of the purpose of changing its registered office or registered agent, or both, in the State of Floride.  9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME				City	City 750 Code /		
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICER AND SEED OFFICERS  NAME SIRET ADDRESS  CITY-ST-2P  LIGHTHOUGH FOINT FL 330V.H  ITTLE NAME SIRET ADDRESS  CITY-ST-2P  TITLE	L						
9. This corporation is eligible to seatify its Intangible Tax Riling requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AN	a. The above harred entity submits by statement for the minutes of changing its registered office or registered agent, or both, in the state of Forings.						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  11. OFFICERS AND DIRECTORS  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIRE	SIGNATURE _	Signature, typed or printed adme of registered again, a	Multiple 1 applicable. (NOTE	E: Registered Agent signature requir	ed when reinstating)		
TILE NAME SIRET ADDRESS TITLE NAME STREET ADDRESS S	A This community is all with to conside its Laboration   Laboratory C - Clary C Face to 8000000						
TILE NAVE STREET ADDRESS CITY-ST-ZIP TILE NAME	Tax filing requirement and elects to do so. (See criteria on back)				Trust Fund Contribution.		
NAME SIRET ADDRESS CITY-ST-ZP LIGHTHOUGHE FOINT FL 330V/H  TITLE NAME SIRET ADDRESS CITY-ST-ZP		OFFICERS AND D	DIRECTORS				
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		MARN JAMES	Hwy	11 3	•	o	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			· ·	11			
STREET ADDRESS CLTY-ST-ZIP  TITLE -NAME -NAME -NAME -NAME -NAME STREET ADDRESS CLTY-ST-ZIP  TITLE NAME -NAME STREET ADDRESS CLTY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CLTY-ST-ZIP  TITLE STREET ADDRESS CLTY-ST-ZIP		NOTITION TO THE		1) 1			
TITLE  -NAME -STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	* *			1 t 1			
- NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP		<del></del>	· · · · · · · · · · · · · · · · · · ·	-{}			
CITY-ST-ZP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	-NAME	· · · · · · · · · · · · · · · · · · ·	·	RANE	$\chi = - s u$ , $T = - c$		
STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP				13	DO NOT WRIT		
STREET ADDRESS   STREET ADDRESS   CITY - ST - ZIP				11	IN THIS SPACE		
TITLE	STREET ADDRESS			STREET ADDRESS			
NAME         STREET ADDRESS           CITY- ST-ZIP         STREET ADDRESS           CITY- ST-ZIP         CITY- ST-ZIP           TITLE         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY- ST-ZIP         CITY- ST-ZIP				<b>-{}</b> }			
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	NAME			NAS/Z			
NAME STREET ADDRESS CITY- ST-ZIP  NAME STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP				11			
STREET ADORESS  CITY-ST-ZIP  STREET ADORESS  CITY-ST-ZIP				16 " 15			
	STREET ADDRESS			STREET ADDRESS			
indicated on this report or supplies with the information indicated on this report or supplies that the 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 trasfect and on the corporation or the receiver or trasfect and on the corporation or the receiver or trasfect and one of the corporation or the receiver of trasfect and one of the corporation or the receiver of trasfect and one of the corporation or the receiver of trasfect and one of the corporation or the receiver of trasfect and one of the corporation or the receiver of trasfect and one of the corporation or the receiver of trasfect and one of the corporation of th		ortify that the information assembled the	his filing does not as all for	11	Continue 110 07/2)(6) Florido Statutos 16 abos acesticos	that the information	
auachment with an address, with an other/inke/erpopwered///////////////////////////////////	indicated of of the corp attachment	on this report or supplemental report is to condition or the receiver or trasfection of the receiver of the receiv	wered to execute this report	y signature shall have the	e same legal effect as if made under oath; that I am a 607, Florida Statutes; and that my name appears in	an officer or director Block 11 or on an	