

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-10-2002 90669 020 ***158.75

DOCUMENT # F 99000001186

1. Entity Name

GLOBAL QUEST INC. DBA HUMPERDINKS

NC NOT FICOL (M)

DO NOT WRITE IN THIS SPACE

B0064718

2. Principal Place of Business

4460 N FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 50079

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT FL

City & State

LIGHTHOUSE POINT FL

4. FEI Number

954452290

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33074-0079

Country

USA

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

7. Name and Address of Current Registered Agent

Name

MARK JAMES

Street Address (P.O. Box Number is Not Acceptable)

4460 N FEDERAL HWY

City

LIGHTHOUSE POINT FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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]

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-2

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

May 1 - May 31 Fee is \$200.00

June 1 - June 30 Fee is \$250.00

July 1 - July 31 Fee is \$300.00

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
MARK JAMES
4460 N FEDERAL HWY
LIGHTHOUSE POINT FL 33064

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2

Date

Daytime Phone #

9542242492

CD000048 14/01/01