

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90272 027 \*\*\*\*50.00

**DOCUMENT # L00000008348**

1. Entity Name  
**C-QUEST, L.L.C.**

Principal Place of Business <b>36 W. 6TH STREET ATLANTIC BEACH FL 32233</b>	Mailing Address <b>36 W. 6TH STREET ATLANTIC BEACH FL 32233</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	Zip	Country

4. FEI Number **APPLIED FOR** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~CERQUEIRA, ATILIO~~  
**36 W. 6TH STREET  
 ATLANTIC BEACH FL 32233**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
P	CERQUEIRA, CATHY		
	36 CILEWOOD COURT		
	JACKSONVILLE BEACH FL 32250		
VP	CERQUEIRA, ATILIO P		
	36 CILEWOOD COURT		
	JACKSONVILLE BEACH FL 32250		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Cathy Cerqueira* **Cathy CERQUEIRA** 4-30-02 904-246-7629  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)