

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012489

1. Entity Name

VQUEST PARTNERS, LLC

Principal Place of Business

8323 LINDBERGH COURT
SARASOTA FL 34243

Mailing Address

8323 LINDBERGH COURT
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-1127906

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, MELISSA K
1900 MAIN STREET
SUITE 300
SARASOTA FL 34236

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

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

(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

TITLE President Delete
NAME Robert D. Barwick
STREET ADDRESS 8323 Lindbergh Ct
CITY-ST-ZIP Sarasota, FL 34243

10.

ADDITIONS/CHANGES

Change Addition

TITLE VP Delete
NAME Steven R Barwick
STREET ADDRESS 8323 Lindbergh Ct
CITY-ST-ZIP Sarasota, FL 34243

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE VP Delete
NAME Gary L. Barwick
STREET ADDRESS 8323 Lindbergh Ct
CITY-ST-ZIP Sarasota, FL 34243

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



DO NOT WRITE IN THIS SPACE

00040547

CR2E083 (9/01)

1/7/02

Date

Daytime Phone #