

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-20-2002 90041 030 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020516

1. Entity Name

VQUEST SERVICES, LLC

Principal Place of Business

8323 LINDBERGH COURT
 SARASOTA FL 34243
 US

Mailing Address

8323 LINDBERGH COURT
 SARASOTA FL 34243
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1156380

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RICE & GRAUS, PA
 1900 MAIN STREET
 SUITE 300
 SARASOTA FL 34238

7. Name and Address of New Registered Agent

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 ☐ Delete
 NAME Robert D Barwick
 STREET ADDRESS 8323 Lindbergh Ct
 CITY-ST-ZIP Sarasota FL 34243

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

TITLE ☐ Delete
 NAME Sec/Treas/VP
 STREET ADDRESS Steven R. Barwick
 CITY-ST-ZIP 8323 Lindbergh Ct
 Sarasota FL 34243

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (9/01)