

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # L99-5361			
1. Entity Name QUEST SYSTEMS LLC			
Principal Place of Business 8549 OLD CR 54 NPR FLA 34653		Mailing Address 8549 OLD CR 54 NPR FLA 34653	
FILED 01 OCT 12 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MICHAEL W BARDELL 3536 SHADOWOOD DR VALRICO FLA 33594		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 September 26, 2001		000004641060--1 -10/18/01--01022--014 *****50.00 *****50.00	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SAID ERFAN 4211 BENSON AVE ST PETERSBURG FLA 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER IRENE CASSA 14908 N OLM TAMPA FLA 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MICHAEL W BARDELL 3536 SHADOWOOD DR VALRICO FLA 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SHIRLEY A BARDELL 3536 SHADOWOOD DR VALRICO FLA 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	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: Michael W BardeLL 10-9-01 (727) 375 8536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)