

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15904

1. Entity Name

QUEST CORP.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90073 027 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIAM REED, JR.
15790 ROLLING MEADOWS CIR
WEST PALM BCH. FL 33414

C/O WILLIAM REED, JR.
15790 ROLLING MEADOWS CIR
WEST PALM BCH. FL 33414-9048

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 59-2535816

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, WILLIAM, JR.
15790 ROLLING MEADOWS CIR
WEST PALM BCH. FL 33414

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS
NAME REED, JODI LYNN
STREET ADDRESS 15790 ROLLING MEADOWS CIR
CITY-ST-ZIP W PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS
NAME LITTLE, MARY E
STREET ADDRESS 15790 ROLLING MEADOW CIRCLE
CITY-ST-ZIP W PALM BCH FL 33414

☒ Delete

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☐ Change ☐ Addition

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Reed, JR
President

Date

2/22/00

Daytime Phone #

561-790-5722

CR2E034 (9/99)