

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004204

1. Entity Name

UNIQUEST, INC.

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90013 021 \*\*\*\*61.25

Principal Place of Business

8010 N. ATLANTIC AVENUE  
 SUITE 11  
 CAPE CANAVERAL FL 32920

Mailing Address

8010 N. ATLANTIC AVENUE  
 SUITE 11  
 CAPE CANAVERAL FL 32920

2. Principal Place of Business

201 ADAMS AVE.  
 Suite, Apt. #, etc.  
 #2

3. Mailing Address

201 ADAMS AVE  
 Suite, Apt. #, etc.  
 #2

City & State

CAPE CANAVERAL, FL  
 Zip  
 32920  
 Country  
 BREVARD

City & State

CAPE CANAVERAL, FL  
 Zip  
 32920  
 Country  
 BREVARD

4. FEI Number

59-3532243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOLINELLI, SONNY  
 8010 N. ATLANTIC AVENUE  
 SUITE 11  
 CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 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 \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

ED  
 MOLINELLI, SONNY  
 8010 N ATLANTIC AVE #11  
 CAPE CANAVERAL FL 32920

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 MOLINELL, RICHARD  
 695 CHELSEA RD  
 LONGWOOD FL 32750

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 KINC, PAT  
 8010 N ATLANTIC AVE #11  
 CAPE CORAL FL 32920

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

ED  
 MOLINELLI, SONNY  
 201 ADAMS AVE #2  
 CAPE CANAVERAL, FL 32920

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 PAT KING  
 201 ADAMS AVE #2  
 CAPE CANAVERAL FL 32920

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONNY MOLINELLI, G.D.

07/19/2000

Date

Daytime Phone #

321-868-0402

CR2E037 (5/00)