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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State
07-16-2002 90349 007 ****61.25

DOCUMENT # N99000000998

1. Entity Name
GOLD QUEST, INC.

Principal Place of Business	Mailing Address
1888 77TH AVE. N. ST. PETERSBURG FL 33702	1888 77TH AVE. N. ST. PETERSBURG FL 33702

- 39973

DO NOT WRITE IN THIS SPACE

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 59-3570563 ☐ 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
PRESCOTT, BRADFORD P. 4201 OVERLOOK DRIVE AVENUE ST. PETERSBURG FL 33-7003	Name: Kimberley Merwin Street Address (P.O. Box Number is Not Acceptable): 5898 12 Way N City: St Pete FL Zip Code: 33703

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: Kimberley A Merwin Kimberley A Merwin Treasurer 6/2/02
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESCOTT, BRAD 4201 OVERLOOK DRIVE NE SAINT PETERSBURG FL 33703	☒ Delete	President John Tavaglione 3235 10 St N St Pete, Fl 33704 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALEY, MELINE 2921 14 STREET NORTH SAINT PETERSBURG FL 33704	☒ Delete	Secretary Kellie Bennett 1012 45 St N St Pete, Fl 33713 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERKILE, WILLIAM 1888 77 AVENUE NORTH SAINT PETERSBURG FL 33702 D	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 all other like empowered.

SIGNATURE: Kimberley A Merwin 6/3/02 727 384-8088 ext 412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Treasurer — Date — Daytime Phone #