

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90150 047 ***150.00

04/17/01 AV

DOCUMENT # P00000046329

1. Entity Name
EAGLE QUEST GROUP, INC.



Principal Place of Business
**19006 SILVERBROOK DRIVE
TAMPA FL 33647**

Mailing Address
**19006 SILVERBROOK DRIVE
TAMPA FL 33647**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3649185**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS & CARR, LLC
1714 W CASS STREET
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name
James M. Evans
Street Address (P.O. Box numbers not acceptable)
19006 Silverbrook Dr.
Tampa Florida 33647
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James M. Evans*
Signature, typed or printed name of registered agent and title if applicable.

James M. Evans

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, JAMES M	
STREET ADDRESS	19006 SILVERBROOK DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	Senior President	<input type="checkbox"/> Delete
NAME	Gail B. Evans	
STREET ADDRESS	19006 Silverbrook Dr.	
CITY-ST-ZIP	Tampa Florida 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail B. Evans	
STREET ADDRESS	19006 Silverbrook Dr.	
CITY-ST-ZIP	Tampa Florida 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: *James M. Evans*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

813-877-0464
Daytime Phone #

CR2E034 (10/02)