

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90125 014 ***150.00

0303057
 AV

DOCUMENT # P0000084217
 1. Entity Name
QUEST DIRECTIONAL SERVICES, INC.

Principal Place of Business Mailing Address
11100 S.W. 17TH MANOR **11100 S.W. 17TH MANOR**
DAVIE FL 33324 **DAVIE FL 33324**



2. Principal Place of Business 3. Mailing Address
4801 S University DR **PO Box 551147**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 136
 City & State City & State
Fort Lauderdale FL 33328 **Fort Lauderdale FL**
 Zip Country Zip Country
33328 **33355** **33355**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1037895** 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
ISENBERG, WILLIAM S ESQ.
315 S.E. 7TH ST.
STE. 301
FT. LAUDERDALE FL 33301
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P BROKOP, THEODORE JR 7249 BEAVER RUN DRIVE FAYETTEVILLE NC 28314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST Theodore Brokop Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7249 BEAVER RUN DRIVE Fayetteville NC 28314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIND, MICHAEL A 11100 SW 17TH MANOR DAVIE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Michael A Lind <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11100 SW 17th Manor Davie FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIND, KRISTIN 11100 SW 17TH MANOR DAVIE FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other, like empowered.

SIGNATURE: Michael Lind **Michael Lind** 4/29/02 954-689-0835
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)