

2002 UNIFORM BUSINESS REPORT (UBR)

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

05200457
 AV

DOCUMENT # P00000084217

1. Entity Name

QUEST DIRECTIONAL SERVICES, INC.

Principal Place of Business

**11100 S.W. 17TH MANOR
 DAVIE FL 33324**

Mailing Address

**11100 S.W. 17TH MANOR
 DAVIE FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 S University DR

3. Mailing Address

PO BOX 551147

Suite, Apt. #, etc.

Suite 136

Suite, Apt. #, etc.

Fort Lauderdale FL

City & State

City & State

Fort Lauderdale FL 33328

Fort Lauderdale FL

Zip

33328

Country

Zip

33355

Country

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

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, 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 **P** ☐ Delete
 NAME **BROKOP, THEODORE JR**
 STREET ADDRESS **7249 BEAVER RUN DRIVE**
 CITY-ST-ZIP **FAYETTEVILLE NC 28314**

TITLE **POST** ☒ Change ☐ Addition
 NAME **Theodore Brokop Jr**
 STREET ADDRESS **7249 BEAVER RUN DRIVE**
 CITY-ST-ZIP **Fayetteville NC 28314**

TITLE **VP** ☐ Delete
 NAME **LIND, MICHAEL A**
 STREET ADDRESS **11100 SW 17TH MANOR**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE **VPO** ☒ Change ☐ Addition
 NAME **Michael A Lind**
 STREET ADDRESS **11100 SW 17th Manor**
 CITY-ST-ZIP **Davie FL 33324**

TITLE **ST** ☒ Delete
 NAME **LIND, KRISTIN**
 STREET ADDRESS **11100 SW 17TH MANOR**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Lind

Date

4/29/02

Daytime Phone #

954-689-0835

CR2E034 (9/01)