

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90197 028 ***150.00

DOCUMENT # *P01000046685*

1. Entity Name

Quest Services, Inc.

80134972

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1522 Colonial Drive

Suite, Apt. #, etc.

3. Mailing Address

1522 Colonial Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

Zip

32303

Country

USA

City & State

Tallahassee FL

Zip

32303

Country

USA

4. FEI Number

54-572894

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jan C. Thomas II

Street Address (P.O. Box Number is Not Acceptable)

1522 Colonial Drive

City

Tallahassee

FL

Zip Code

32303

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IN THIS SPACE**

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 fee 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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

*President
Jan C. Thomas II
1522 Colonial Drive
Tallahassee, FL 32303*

**TITLE
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CITY - ST - ZIP**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

Date

575/2398

Daytime Phone #

CR2E034B (12/01)



Attachment

#P01000046685

1522 COLONIAL DRIVE
TALLAHASSEE, FL 32303
PHONE (850) 575-2398
FAX (520) 223-2087
E-mail: info@questsrv.com

To whom it may concern,

We have had a mix up in filing our (UBR). Apparently did not receive the correct form or notice in the mail I downloaded the correct form from your website. Please let me know if you need anything further.

Sincerely,

Jon C. Thomas II

President