FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092744

1. Entity Name

KRK QUEST INC.

FILED
03 NOV 14 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
165 N. Orlando AN	165 N. Orlando Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach FL	City & State: Cocoa Beach FL
Zip: 32931 Country: BREVARD	Zip: Country:

4. FEI Number: 59-3748649 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: KEN HARRIS AND ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable): 526 BREVARD AVE

City: COCOA FL Zip Code: 32922

DEPOSIT ONLY 758
10/09/03 01068 005

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]
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) ☐

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	PRESIDENT
NAME	KARETA L WEESE
STREET ADDRESS	165 N. ORLANDO AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	REINSTATEMENT 03
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	TS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900023671769
10/09/03 01068 005 **550.00
700023676167
10/09/03 01068 008 **758.75
900023671769
10/09/03--01068--005 **550.00
900023671769
10/09/03--01068--005 **550.00
900023671769
10/09/03--01068--005 **550.00
DO NOT WRITE IN THIS SPACE
900023671769
10/09/03--01068--005 **550.00
900023671769
10/09/03--01068--005 **550.00
900023671769
10/09/03--01068--005 **550.00
900023671769
10/09/03--01068--005 **550.00

CR2E034B (12/01)

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] Kareta L. Weese 10/6/03 321-453-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #