FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					Apr 09, 2003 8:00 am Secretary of State		
DOCUMENT # P01000110709  1. Entity Name  VQUEST MARINE, INC.					04-09-2003 90154 01:		
Principal Place of Business  8323 LINDBERG COURT  SARASOTA FL 34243  Mailing Address  8323 LINDBERG COURT  SARASOTA FL 34243							
2. Principal Pla 9// W Suite, Apt. #	3. Mailing Address Suite, Apt. #, etc.	ins C	107	CHECK HERE IF MAKING		<b>16 1611 1751</b>	
Brows	Enton FC	City & State  State  Zip	Country 72	·	4. FEI Number 59-3757636	_ <del> </del>	ied For Applicable
3420	6. Name and Address of Curre	is 34202	Marora	910		Fee Required	Jilai .
RICE & GRAUS, PA 1900 MAIN STREET SUITE 300					ENE BARWICH P.O. Birx Number is Not Acceptable) WINNERS WICK	<u>,=</u>	
SARASOTA		City	BAL	TENTON FL	Zip Code	07	
8. The above named entity submits this statement for the purpose of banging 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FIL After I Make Check I	of State			9. Election Campaign Financing Trust Fund Contribution.		Fees	
NAME STREET ADDRESS	PARAMON DOREDT D	Delete  ### Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND		N 11
TITLE NAME STREET ADDRESS	EVP .	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change [	Addition
TITLE NAME	VP BARWICK, GARY L	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>	Change [	Addition
TITLE	VALUOVIA ( L OTETO	Delete	TITLE			Change [	Addition

12. I hereby certify that the information supplied with this filling 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 shaft 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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