FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90466 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003562

1. Entity Name
QUEST LABEL CORPORATION

Principal Place of Business	Mailing Address
3520 AGRICULTURAL CENTER DRIVE ST. AUGUSTINE FL 32092	3520 AGRICULTURAL CENTER DRIVE ST. AUGUSTINE FL 32092

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3520 Agricultural Ctr Dr	3520 Agricultural Ctr Dr
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Suite 301
City & State St Augustine FLORIDA	City & State St Augustine Florida
Zip 32092 Country USA	Zip 32092 Country USA

4. FEI Number 59-3745510 ☐ 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
B. PAUL KATZ, ESQUIRE ATRIUM SUITE 1 FLORIDA PARK DRIVE SOUTH PALM COAST FL 32137	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President/Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRED Ewan	NAME	
STREET ADDRESS	2960 No Coastal Hwy #5A	STREET ADDRESS	
CITY-ST-ZIP	St Augustine FL 32084	CITY-ST-ZIP	
TITLE	Vice President/SECr. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOB Ozimek	NAME	
STREET ADDRESS	2960 No Coastal Hwy #5A	STREET ADDRESS	
CITY-ST-ZIP	St Augustine, FL 32084	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #