2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000010006

Name:

Address:

City-St-Zip:

Entity Name: THE QUEST TRAINING CENTER & SPA, INC.

FILED Jan 08, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3760 COMMERCE CENTER DRIVE SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 3760 COMMERCE CENTER DRIVE SEBRING, FL 33870 FEI Number: 04-3601873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, ALISON M 3760 COMMERCE CENTER DRIVE SEBRING, FL 33870 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: PRFS BROWN, ALISON M BROWN, ALISON M Name: Name: 3760 COMMERCE CENTER DRIVE 3760 COMMERCE CENTER DRIVE Address: Address: SEBRING, FL 33870 SEBRING, FL 33870 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: ROGERS, AMBERLEE G Name: ROGERS, AMBERLEE G 3760 COMMERCE CENTER DRIVE 3760 COMMERCE CENTER DRIVE Address: Address: SEBRING, FL 33870 City-St-Zip: City-St-Zip: SEBRING, FL 33870 Title: Title: () Change (X) Addition () Delete VΡ WILSON, CHARLTON L Name: Name: 3760 COMMERCE CENTER DRIVE Address Address: City-St-Zip: City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: **TRES** () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CRUTCHFIELD, HEIDI E

SEBRING, FL 33870

3760 COMMERCE CENTER DR.

SIGNATURE: ALISON M. BROWN PRES 01/08/2003