FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90175 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030816

1. Entity Name
Nuquest Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
504 W Buckingham Ave Suite, Apt. #, etc.	504 W Buckingham Ave Suite, Apt. #, etc.
City & State: Oldsmar FL	City & State: Oldsmar FL
Zip: 34677 Country: US	Zip: 34677 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 45-0471472 ☐ 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: Richard D Mardis

Street Address (P.O. Box Number is Not Acceptable): 504 W Buckingham Ave

City: Oldsmar FL Zip Code: 34677

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: /s/ Richard D Mardis Richard D Mardis 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	President
NAME	Richard D Mardis
STREET ADDRESS	504 W Buckingham Ave
CITY-ST-ZIP	Oldsmar FL 34677
TITLE	VP
NAME	Annette M Mardis
STREET ADDRESS	504 W Buckingham Ave
CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	
NAME	
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CR2E034B (12/02)

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

SIGNATURE: /s/ Richard D Mardis Richard D Mardis 5/1/03 813-855-7255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #