

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State
09-05-2003 90115 046 ***150.00

DOCUMENT # **P02000063742**

1. Entity Name **AJM QUEST, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

69 Pointe Rd.

Suite, Apt. #, etc.

3. Mailing Address

P O Box 2275

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, Florida

City & State

Santa Rosa Beach, Florida

Zip

32459

Country

Walton

Zip

32459

Country

Walton

4. FEI Number

04 368 6967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alice McCall, President

Street Address (P.O. Box Number is Not Acceptable)

69 Pointe Rd.

City

Santa Rosa Beach

FL

Zip Code

32459

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

Alice J. McCall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/03

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 **Alice J. McCall**
STREET ADDRESS **69 Pointe Rd.**
CITY - ST - ZIP **Santa Rosa Beach, Florida 32459**

TITLE **Secretary**
NAME **Alice J. McCall**
STREET ADDRESS **(same)**
CITY - ST - ZIP

TITLE **Treasurer**
NAME **Alice J. McCall**
STREET ADDRESS **(same)**
CITY - ST - ZIP

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IN THIS SPACE**

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:

Alice J. McCall President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/03

Date

850-622-5174

Daytime Phone #

CR2E034B (12/02)

Attachment#

86144555

P02000063742

August 31, 2003

Florida Department of State

To whom it may concern:

I called your office looking for my annual UBR form/notice in August. I am a new corporation formed last June '02 - AJM Quest, Inc. I called because I never received a notice or form, and my accountant told me I had a fee to pay. Your office sent me this form following my phone call in August.

The purpose of this letter is to tell you that I never received any information from you, and I was told to document this and send in the original fee of \$150.00 due prior to May 31, '03.

I appreciate your cooperation in this matter. If you wish to speak to me about this further, please call me at 850-585-5496. (cell)

Sincerely,

Alice J. McCall
8/31/03

Alice J. McCall
President,
AJM Quest, Inc.