

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90193 028 ***150.00

DOCUMENT # *P.02000097703*

1. Entity Name

Invest Quest, Inc.



DO NOT WRITE IN THIS SPACE

90028973

2. Principal Place of Business

3989 W Oakland Pk Blvd

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 681086

Suite, Apt. #, etc.

City & State

City & State

Lake Park, Lake

Miami, FL

Zip

Country

Zip

Country

33311

33168

4. FEI Number

03-0482075

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ben Borlet

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

3989 W Oakland Pk Blvd

City

Lake Park

FL

Zip Code

33311

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

2/11/03

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Ben Borlet 3989 W. Oakland Pk Blvd Lake Park, FL 33111</i>
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

954-515-5678

Daytime Phone #