

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P33767**

1. Entity Name

INQUIRE WITHIN CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90053 027 ***150.00

Principal Place of Business 615 WEST HIGHLAND AVENUE EBENSBURG PA 15931	Mailing Address 615 WEST HIGHLAND AVENUE EBENSBURG PA 15931-1048
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KIMBALL, L. ROBERT
UNIT 102, 840 S. COLLIER BLVD.
MARCO ISLAND FL 33937**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME KIMBALL, L. ROBERT	
STREET ADDRESS 615 W. HIGHLAND AVE.	
CITY-ST-ZIP EBENSBURG PA	
TITLE VD	<input type="checkbox"/> Delete
NAME KIMBALL, R. JEFFREY	
STREET ADDRESS 615 W. HIGHLAND AVE.	
CITY-ST-ZIP EBENSBURG PA	
TITLE TD	<input type="checkbox"/> Delete
NAME L. ROBERT KIMBALL	
STREET ADDRESS 615 W. HIGHLAND AVE.	
CITY-ST-ZIP EBENSBURG PA	
TITLE SD	<input type="checkbox"/> Delete
NAME MYERS, G. WILLIAM, JR.	
STREET ADDRESS 615 W. HIGHLAND AVE.	
CITY-ST-ZIP EBENSBURG PA	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-28-00 Daytime Phone #: (814) 472-7700

CR2E034 (9/99)