

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90016 039 ***158.75

0498794

DOCUMENT # P94000002319

1. Entity Name
CLERMONT QUEST SYSTEMS, INC.

Principal Place of Business

**1421 S. THIRD STREET
 JACKSONVILLE FL 32250**

Mailing Address

**1421 S. THIRD STREET
 JACKSONVILLE FL 32250**

2. Principal Place of Business

13500 Sutton Park Dr.S.

3. Mailing Address

13500 Sutton Park Dr.S.

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

Zip

32224

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3218890**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CLERMONT, RAPHAEL A
 8712 COMO LAKE DRIVE
 JACKSONVILLE FL 32256**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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** ☐ Delete
 NAME **CLERMONT, RAPHAEL A**
 STREET ADDRESS **8712 COMO LAKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VPD** ☐ Delete
 NAME **MILLER, ROBYN R**
 STREET ADDRESS **3321 ZEPHYR WAY N.**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **TD** ☒ Delete
 NAME **CLERMONT, SUSAN M**
 STREET ADDRESS **8712 COMO LAKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Robyn R. Miller, V.P.* **Robyn R. Miller**
 VICE PRESIDENT

4/2/01

904 992-7277

CR2E034 (10/00)