

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90055 027 ***150.00

DOCUMENT # P94000066332

1. Entity Name

AEROQUEST, INC.

Principal Place of Business

**9000 SEMINOLE BLVD.
SEMINOLE FL 33772
US**

Mailing Address

**9000 SEMINOLE BLVD.
SEMINOLE FL 33772-3146
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**AHLQUIST, BRYAN
9000 SEMINOLE BLVD.
SEMINOLE FL 33772**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	AHLQUIST, BRYAN	9000 SEMINOLE BLVD.	SEMINOLE FL	
	DVP			
	WITT, WAYNE	9000 SEMINOLE BLVD	SEMINOLE FL	
	DT			
	HEMBREE, GREG	9000 SEMINOLE BLVD	SEMINOLE FL	
	DAVP			
	EVANS, TOM	9000 SEMINOLE BLVD	SEMINOLE FL	
	DAVP			
	RIDGEWAY, BRINTON	9000 SEMINOLE BLVD	SEMINOL FL	
	DS			<input checked="" type="checkbox"/> Delete
	SCHELL, ART	9000 SEMINOLE BLVD	SEMINOLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change
	DS			
	BILL MOORE	14249 LARK CT	CLARWATER, FL 33762	

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 and typed or printed name of signing officer or director

Date

Daytime Phone #