

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058579

1. Entity Name

VISION QUEST INVESTMENTS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90176 004 ***150.00

Principal Place of Business

1395 E MAIN ST
BARTOW FL 33830

Mailing Address

1395 E MAIN ST
BARTOW FL 33830-5008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3328378**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTTO, KENNETH C
4415 FLORIDA NATIONAL DR
STE 211
LAKELAND FL 33813

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOUVARDAS, TRIFON	
STREET ADDRESS	1340 SPRING CT	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUVARDAS, PAUL E	
STREET ADDRESS	1330 SPRING CT	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUVARDAS, ANTHONY	
STREET ADDRESS	1395 E MAIN ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1582 GOLF BLVD #1304	
STREET ADDRESS	CLEARWATER FL. 33767	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1150 ALEGRIA CT	
STREET ADDRESS	BARTOW FL. 33830	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2516 TRAVELERS PALM DR.	
STREET ADDRESS	EDGEWATER FL. 32141	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99

Date

727-593-5153

Daytime Phone #

CR2E034 (9/99)