

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031979

1. Entity Name

EARTH QUEST, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90373 021 ***150.00

Principal Place of Business

3914 DOLPHIN DR.
PANAMA CITY BEACH FL 32408

Mailing Address

3914 DOLPHIN DR.
PANAMA CITY BEACH FL 32408-6513

2. Principal Place of Business

151 Joy Lane

Suite, Apt. #, etc.

3. Mailing Address

151 Joy Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

4. FEI Number

59-3374732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZALKIN, NATASHA
3914 DOLPHIN DR.
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name REVELL, NATASHA

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

151 Joy Lane

City Santa Rosa Beach

FL

Zip Code 32459

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 Natasha Revell, Natasha Revell, President

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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	D	<input type="checkbox"/> Delete
NAME	ZALKIN, NATASHA	
STREET ADDRESS	3914 DOLPHIN DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVELL, KENNETH W	
STREET ADDRESS	3914 DOLPHIN DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Revell, Natasha	
STREET ADDRESS	151 Joy Lane	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	151 Joy Lane	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
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: Natasha Revell, Natasha Revell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(850) 267-5607

Daytime Phone #

CR2E034 (9/99)