2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600050697 Jan 08, 2000 08:00 AM **Secretary of State** TELQUEST INTERNATIONAL, INC. Principal Place of Business Mailing Address 3940 SO TROPICAL TRAIL 779 E MERRITT ISLAND CAUSEWAY STE 855 MERRITT ISLAND MERRITT ISLAND FL FL 32952 32952 US 2. Principal Place of Business 3. Mailing Address 1235 MERCEDES DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MERRITT ISLAND FL 59-3387830 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32952 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ните DAVID 3940 SOUTH TROPICAL TRAIL Street Address (P.O. Box Number is Not Acceptable) 1235 MERCEDES DRIVE MERRITT ISLAND 32952 City Zip Code MERRITT ISLAND 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. 01/08/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE D X Change ☐ Addition HUE DAVID NAME HUE DAVID 3940 SOUTH TROPICAL TRAIL STREET ADDRESS STREET ADDRESS 1235 MERCEDES DRIVE CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND 32952 MERRITT ISLAND 32952 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED