FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P96000088619 1. Entity Name QUEST ECOLOGY INC. 02-20-2002 90149 007 ***158.75 Principal Place of Business Mailing Address 1078 CHERT ROCK TRAIL 1078 CHERT ROCK TRAIL U U U I I LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0710786 Not Applicable Zip Country Zip Country \$8.75 Additional ŁΊ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vivienne Handy HANDY, VIVIENNE Street Address (P.O. Box Number is Not Acceptable) 1080 Chert Rock Trail 3208 NORTH ROME AVENUE TAMPA FL 33607 City Lithia 333347 FL 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. 1-18-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE ☐ Delete Change ☐ Addition NAME HANDY, VIVIENNE NAME STREET ADDRESS 1080 CHERT ROCK TRAIL STREET ADDRESS C.TY-ST-ZIP LITHIA FL 33547 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/E ☐ Delete TITLE - Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoyeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF

1-18-02

Date

813/642-0799

Daytime Phone #