

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049044

1. Entity Name

IKON QUEST INTERNATIONAL, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90004 032 \*\*\*150.00

Principal Place of Business

Mailing Address

8430 MISSION COURT  
TAMPA FL 33617

P.O. BOX 173256  
TAMPA FL 33672-1256

2. Principal Place of Business

3. Mailing Address

8424 MISSION COURT  
Suite, Apt. #, etc. 8

Suite, Apt. #, etc.

City & State  
TAMPA, FLORIDA

City & State

4. FEI Number 59-3450776

Applied For  
☒ Not Applicable

Zip  
33617

Country  
HILLSBOROUGH

Zip

Country

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

UDOLISA, IKE C.  
8430 MISSION COURT  
SUITE 8  
TAMPA FL 33617

Name UDOLISA, IKE C.

Street Address (P.O. Box Number, Is Not Acceptable)

8424 MISSION COURT  
SUITE # 8

City TAMPA

FL Zip Code 33617

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-00

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	VPS	<input checked="" type="checkbox"/> Delete
NAME	UDOLISA, UZOAMAKA D	
STREET ADDRESS	8430 MISSION COURT	
CITY-ST-ZIP	TAMPA FL 33617	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDOLISA, UZOAMAKA D.	
STREET ADDRESS	8424 MISSION COURT, SUITE # 8	
CITY-ST-ZIP	TAMPA, FL. 33617	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-00

Date

813-988-9445

Daytime Phone #

CR2E034 (9/99)