

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050176

1. Entity Name

INNQUEST SOFTWARE CORPORATION

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90093 041 ***150.00

Principal Place of Business Mailing Address
7563 PHILIPS HWY SUITE 101 7563 PHILIPS HWY
JACKSONVILLE FL 32256 SUITE 101
US JACKSONVILLE FL 32256

2. Principal Place of Business 3. Mailing Address
5300 W Cypress 5300 W Cypress
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 160 Suite 160
City & State City & State
TAMPA FL TAMPA FL
Zip 33607 Country Zip 33607 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3452214 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
PARESI, ROBERT
2128 LUMINA COURT
FERNANDINA BEACH FL 32034
Name ROBERT PARESI
Street Address (P.O. Box Number is Not Acceptable)
5300 W Cypress, Suite 160
City TAMPA FL Zip Code 33607

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]* PRESIDENT DATE 01-09-01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARESI, ROBERT		NAME	PARESI, ROBERT	
STREET ADDRESS	5336 HERONVIEW DR.		STREET ADDRESS	2702 W BOY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	VP TAMPA, FL 33611	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, J M		NAME	6045 AUDUBON MANOR BLVD	
STREET ADDRESS	2221 WOODBRIDGE DR.		STREET ADDRESS	LITHIA, FL 33547	
CITY-ST-ZIP	JACKSONVILLE FL 32246		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* 01-09-01 813-288-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

002522

CR2E034 (10/00)