

- Amended -

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P970000050176

INNQUEST SOFTWARE CORPORATION

Principal Place of Business

Mailing Address

5300 W. Cypress Suite 160
Tampa, FL 33607

5300 W. Cypress Suite 160
Tampa FL 33607

2. Principal Place of Business

3. Mailing Address

5300 W. Cypress
Suite Apt. #, etc.
160

5300 W. Cypress
Suite Apt. #, etc.
160

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33607

33607

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

Name

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

City

FL

Zip Code

ROBERT PARES
5300 W. Cypress Suite 160
Tampa FL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT PARES	
STREET ADDRESS	4708 W. Bay Ave	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JM DICKERSON	
STREET ADDRESS	6055 ALBANY MANOR BLVD	
CITY-ST-ZIP	LITHIA, FL 33547	
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	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. TYLER WHITE	
STREET ADDRESS	2702 W. Bay Ave	
CITY-ST-ZIP	TAMPA, FL 33611	
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:

ROBERT PARES, PRESIDENT

09.04.01 113.288.4900

FILED

01 SEP -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

CR2E034 (5/01)