

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90137 033 ***150.00

DOCUMENT # P97000056890

1. Entity Name
QUEST FOR ANTIQUES INC.



Principal Place of Business
**1752 COLD SPRINGS CT
APOPKA FL 32712**

Mailing Address
**1752 COLD SPRINGS CT
APOPKA FL 32712**



2. Principal Place of Business

413 N. ROCKINGHAM AVE

Suite, Apt. #, etc.

3. Mailing Address

413 N. ROCKINGHAM AVE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAVARES, FL

City & State
TAVARES, FL

4. FEI Number
59-3455580

Applied For
☐ Not Applicable

Zip
32778

Country
LAKE

Zip
32778

Country
LAKE

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**THORNTON, SCOTT E
1752 COLD SPRINGS E
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name
THORNTON, Scott E.

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

413 N. ROCKINGHAM AVE

City
TAVARES,

FL

Zip Code
32778

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Scott Thornton**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, SCOTT 1752 COLD SPRINGS CT APOPKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, Scott 413 N. ROCKINGHAM AVE TAVARES, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott Thornton** **4/10/03** **352-742-2629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)