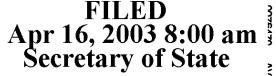
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P97000056890 DOCUMENT # 1. Entity Name





04-16-2003 90137 033 \*\*\*150.00 QUEST FOR ANTIQUES INC. Mailing Address Principal Place of Business 1752 COLD SPRINGS CT 1752 COLD SPRINGS CT APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business
413 N. ROCKENGHAM AVE 3. Mailing Address 413 N. ROCKER HAD AVE Suite, Apt. #, etc. Suite, Apt. #, etc. P CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3455580 Not Applicable TAUARES Country \$8.75 Additional 5. Certificate of Status Desired 32778 LAKE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THORNTON, Scott E THORNTON, SCOTT E Street Address (P.O. Box Number is Not Acceptable) 1752 COLD SPRINGS E 413 N. ROCKEMBHAM AUG APOPKA FL 32712 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 agen SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TIT) E TITLE ☐ Delete SHURMONISCETT 413 N. ROCKMEHAM AVE NAME NAME THORNTON, SCOTT STREET ADDRESS 1752 COLD SPRINGS CT STREET ADDRESS TAVARES FE. 32778 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE , iv NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT! F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP