

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000095498****1. Entity Name**  
QUESTOR, INC.**Principal Place of Business**

2408 KIMBERLY DR

DELTONA  
32738

FL

US

**Mailing Address**

2408 KIMBERLY DR

DELTONA  
32738

US

FL

**2. Principal Place of Business**

2474 CANOE CREEK RD.

**3. Mailing Address**

2474 CANOE CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ST. CLOUD

FL

**City & State**

ST. CLOUD

FL

**4. FEI Number****59-3476393**

Applied For

Not Applicable

Zip

34769

Country

US

Zip

34769

Country

US

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**RICHARDSON JOSEPH G  
2408 KIMBERLY DRDELTONA  
32738

FL

US

**7. Name and Address of New Registered Agent****Name**

BAILEY JOYCE O

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

2474 CANOE CREEK RD.

**City**

ST. CLOUD

**FL****Zip Code**  
34769**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 JOYCE O. BAILEY**

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

(NOTE: Registered Agent signature required when reinstating)

**04/24/2000**

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 \$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****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME** DS  
**STREET ADDRESS** WILSON DAVID L  
**CITY-ST-ZIP** 1400 FRANCIS AVE  
ORLANDO FL 32806**TITLE** ☐ Delete  
**NAME** PD  
**STREET ADDRESS** RICHARDSON JOSEPH G  
**CITY-ST-ZIP** 2408 KIMBERLY DR  
DELTONA FL 32738**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition  
**NAME** VT  
**STREET ADDRESS** BAILEY JOYCE OWT  
**CITY-ST-ZIP** 2474 CANOE CREEK RD.  
ST. CLOUD FL 34769**TITLE** ☒ Change ☐ Addition  
**NAME** DS  
**STREET ADDRESS** WILSON DAVID L  
**CITY-ST-ZIP** 1400 FRANCIS AVE  
ORLANDO FL 32806**TITLE** ☒ Change ☐ Addition  
**NAME** PD  
**STREET ADDRESS** RICHARDSON JOSEPH G  
**CITY-ST-ZIP** 2474 CANOE CREEK RD.  
ST. CLOUD FL 34769**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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** Joyce O. Bailey

VT 04/24/2000