

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90930 008 ***150.00

0530446 AV

DOCUMENT # P98000022164

1. Entity Name

QUEST REAL ESTATE SERVICES, INC.

Principal Place of Business

**3944 N. SEMINOLE POINT
 CRYSTAL RIVER FL 34428**

Mailing Address

**3944 N. SEMINOLE POINT
 CRYSTAL RIVER FL 34428**

2. Principal Place of Business

3. Mailing Address

650 S.E. Paradise Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 1900

City & State

Crystal River, FL

Zip

Country

Zip

Country

34428

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3498348

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

KEARBY, JERALD C

3944 N. SEMINOLE POINT

CRYSTAL RIVER FL 34428

Name

Diane Homrich

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

**3924 N Goldenrod St 1
 3721**

City

Winter Park

FL

Zip Code

32792

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

Diane M. Homrich

Diane M. Homrich

3/25/02

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 \$150.00

After May 1, 2002 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 **P** ☐ Delete
 NAME **KEARBY, JERALD C**
 STREET ADDRESS **3944 N SEMINOLE**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34421**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Jerald C. Kearby

Jerald C. Kearby

3/25/02

909-342-6899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)