

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055835

1. Entity Name

QUESTAR TOLEDO, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90077 013 ***150.00

Principal Place of Business

15438 N. FLORIDA AVENUE
 SUITE 200
 TAMPA FL 33613

Mailing Address

15438 N. FLORIDA AVENUE
 SUITE 200
 TAMPA FL 33613-1223

2. Principal Place of Business

3113 DUSTY ROAD

3. Mailing Address

2200 ROSS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE 3600

City & State

City & State

OREGON, OHIO

DAVALL, TX

Zip

Zip

Country

Country

43616

USA

75201

USA

4. FEI Number

59-3520536

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

NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, PAUL M	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWKIRK, THOMAS R	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK L. WAGAR	
STREET ADDRESS	2200 ROSS AVE., SUITE 3600	
CITY-ST-ZIP	DAVALL, TX 75201	
TITLE	PRESIDENT, LOO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK S. MARTIN	
STREET ADDRESS	2200 ROSS AVE., SUITE 3600	
CITY-ST-ZIP	DAVALL, TX 75201	
TITLE	D, SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL M. JOLAS	
STREET ADDRESS	2200 ROSS AVE., SUITE 3600	
CITY-ST-ZIP	DAVALL, TX 75201	
TITLE	VP, TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID W. YOUNG	
STREET ADDRESS	2200 ROSS AVE., SUITE 3600	
CITY-ST-ZIP	DAVALL, TX 75201	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. YOUNG-VP FINANCE

Date

Daytime Phone #

4/19/2000 214-303-2776

CR2E034 (9/99)