2000 UNIFORM BUSINESS REPORT (UBR)

May 17, 2000 8:00 am Secretary of State DOCUMENT # P98000061496 CAPITAL QUEST PROPERTIES, INC. 05-17-2000 90848 049 ***150.00 Principal Place of Business Mailing Address 5005 W. LAUREL STREET 5005 W. LAUREL STREET SUITE 201 SUITE 201 TAMPA FL 33614-1932 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3526474 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ame 5 DICKS, JAMES Street Address (P.O. Box Number is Not Acceptable) 5005 W. LAUREL STREET SUITE 201 TAMPA FL 33607 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 DATE 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE DICKS, JAMES E Dicks JAMes NAME NAME 7028 WEST WATERS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Addition ☐ Change 🗘 Delete TITLE TITLE LAPLANT, ANDRE NAME NAME STREET ADDRESS 7028 WEST WATERS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634. ☐ Change ☐ Addition TITLE Delete TITLE MORGAN, PHILIP NAME NAME 7028 WEST WATERS AVENUE #343 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** ☐ Addition ☐ Change TITLE TITLE BECKER, TODD NAME NAME STREET ADDRESS STREET ADDRESS 7028 WEST WATERS AVENUE #343 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED