

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 25, 2000 8:00 am  
Secretary of State

07-25-2000 90101 042 \*\*\*550.00

DOCUMENT # P98000077341

1. Entity Name

REALTIQUEST, INC.

Principal Place of Business

6315 PRESIDENTIAL COURT, SUITE E  
FORT MYERS FL 33919

Mailing Address

6315 PRESIDENTIAL COURT, SUITE E  
FORT MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6385 PRESIDENTIAL CT #104  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

104

City & State  
FT MYERS FL

City & State

4. FEI Number

65-0861351

Applied For

Not Applicable

Zip Country  
33919 USA

Zip Country

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

BOLT, NANCY

6385 PRESIDENTIAL COURT, SUITE #104  
FORT MYERS FL 33919

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 type="checkbox"/> Delete
NAME	BOLT, NANCY	
STREET ADDRESS	<del>6315 PRESIDENTIAL COURT, SUITE E</del>	
CITY-ST-ZIP	<del>FORT MYERS FL 33919</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLT, WILLIAM K	
STREET ADDRESS	<del>6315 PRESIDENTIAL COURT, SUITE E</del>	
CITY-ST-ZIP	<del>FORT MYERS FL 33919</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6385 PRESIDENTIAL CT #104	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6385 PRESIDENTIAL CT #104	
CITY-ST-ZIP	FT MYERS, FL 33919	
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:

*William K Bolt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

941-437-2552

Daytime Phone #

CP2E034 (500)