2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082942

FILED Mar 15, 2001 8:00 am Secretary of State

1. Ettiky Nap		ISION QUEST BUS	SINESS ENTERPRI	SES,	INC	03-	-15-2001 90033	031 ***1	50.00	
Principal Place of Business			Mailing Address							
1180 SO. ATLANTIC AVE COCOA BEACH FL 32931			1180 SO ATLANTIC AVE COCOA BEACH FL 32931				A0033420			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Numb 59-353	-		<u> </u>	optied For ot Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate of Si		ب <u></u>	8.75 Add ee Require	
<u> </u>	6. Name	and Address of Current F	legistered Agent		Name	7. Name and	Address of New R	egistered A	gent	
	EEN RAE O ATLAN	UVARO TIC AVE				ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
		FL 32931			•					
· 					City			FL	Zip Cod	Э
8. The above	named entit	y submits this statement for	the purpose of changing its	s register	ed office or regis	stered agent, or bo	th, in the State of Flo	rida.	-l <u>-</u>	
SIGNATURE		or printed name of registered agent as	nd title if applicable. (NO	IE: Registere	ed Agent signature requ	uired when reinstating)		DATE	1	•
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW Affer MAY 1, 2 Make Check Paye	001 Fee ble to D		ND 遊遊遊遊 Ta	ection Campaign Fin ust Fund Contribution	~ —		0 May Be I to Fees
11.	l	OFFICERS AND D		12.		ADDITIONS	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	11	ARO KATHLEEN RA 80 SO ATLANTIC COA BEACH FL						•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[VARO, ∰ASON CAF 180 SO ATLANTIO OCOA_BEACH FL	: AVE		l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[1	VARO TAJ ISIS 180 SO ATLANTIO OCOA BEACH FL			l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Detete Detete	1			•		☐ Change	Additio
NAME STREET ADDRESS	14		☐ Delete		Æ EE1 ADDRESS				Change	Additio
CITY-ST-ZIP	L	e information supplied with		U	(-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: