

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0158191 AV

**DOCUMENT # P98000084393**

1. Entity Name  
**PAGEQUEST TECHNOLOGIES, INC.**



05-05-2003 90229 021 \*\*\*150.00

Principal Place of Business  
1213 SOUTH 30TH AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
1213 SOUTH 30TH AVENUE  
HOLLYWOOD FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0867334**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional-  
Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **C J Ferrer**  
Street Address (P.O. Box Number is Not Acceptable)

**1213 S 30th Ave**

City **Hollywood**

**FL**

Zip Code **33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/03**

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**  
NAME **FERRER, CHRISTOPHER J**  
STREET ADDRESS **1213 SOUTH 30TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  
NAME **EULE, JAMES R**  
STREET ADDRESS **1213 SOUTH 30TH AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**

**954 927-4404**

CR2E034 (10/02)