

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90051 011 \*\*\*550.00

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DOCUMENT # P99000040730

1. Entity Name  
WEBQUEST ENTERPRISES, INC.



Principal Place of Business  
1377 COTTONWOOD CIRCLE  
WESTON FL 33326

Mailing Address  
1377 COTTONWOOD CIRCLE  
WESTON FL 33326

2. Principal Place of Business  
15092 SW 13th PL  
Suite, Apt. #, etc.

3. Mailing Address  
15092 SW 13th PL  
Suite, Apt. #, etc.

City & State  
SUNRISE FL  
Zip 33326 Country

City & State  
SUNRISE FL  
Zip 33326 Country

4. FEI Number 65-0916959

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

WIRKS, BARBARA K  
1377 COTTONWOOD CIRCLE  
WESTON FL 33326

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
15092 SW 13th PL  
City SUNRISE FL Zip Code 33326

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 *Barbara K Wirks*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-5-03  
DATE

**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	PSD	<input type="checkbox"/> Delete
NAME	WIRKS, BARBARA K	
STREET ADDRESS	1377 COTTONWOOD CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HAND, ELAINE M	
STREET ADDRESS	1377 COTTONWOOD CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
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	15092 SW 13th PL	
STREET ADDRESS	SUNRISE FL 33326	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15092 SW 13th PL	
STREET ADDRESS	SUNRISE FL 33326	
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara K Wirks* 5-5-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)