## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # **P99000043689** 1. Entity Name THE QUESTAR GROUP, INC. 04-19-2001 90023 014 \*\*\*150.00 Principal Place of Business Mailing Address 9116 CYPRESS GREEN DR #206 9116 CYPRESS GREEN DR #206 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address THE QUESTAR GROUP HE QUESTAR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 11412 SAN Jose BLVD, Ste405 12412 SAN Jose 4. FEI Number Applied For 59-3578703 tcksonville CKEONVILL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 30223 DUVALFee Required **እ**ሀ የ*ል*ሩ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALTERMAN, LEOANRD M Street Address (P.O. Box Number is Not Acceptable) 9116 CYPRESS GREEN DR #206 JACKSONVILLE FL 32256 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE Delete TITLE TAYUM, REISS P. TATUM, REISS P NAME NAME 12412 JOSE BLUD, SUITE 405 STREET ADDRESS STREET ADDRESS 9116 CYPRESS GREEN DR #206 CITY-ST-ZIP JACKSONULLE, FL 32223 CITY-ST-ZIP JACKSONVILLE FL 32256 Thange ☐ Delete ☐ Addition TITLE TITLE GASLINO, DAVID R NAME GASLIN, DAVID R NAME 12412 SAN JOSE BLUD, SUITE 405 STREET ADDRESS STREET ADDRESS 9116 CYPRESS GREEN DR #206 Jicksonvine Fe 32223 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 of the corporation of the regiever 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 or an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HOW'D TO ACOL DAVID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R GASLI

4/12/0

(904) 362-2427

Daytime Phone #