

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054002

1. Entity Name
JET QUEST, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90004 027 ***158.75

Principal Place of Business 3700 AIRPORT RD., SUITE 205 BOCA RATON FL 33431	Mailing Address 3700 AIRPORT RD., SUITE 205 BOCA RATON FL 33431
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2. Principal Place of Business 3700 AIRPORT RD. Suite, Apt. #, etc. SUITE 406 City & State BOCA RATON, FL Zip 33431 Country USA	3. Mailing Address 3700 AIRPORT RD. Suite, Apt. #, etc. SUITE 406 City & State BOCA RATON, FL Zip 33431 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0930683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired NEW <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, ROBIN 3870 N.E. 23RD AVE., #3 LIGHTHOUSE POINT FL 33064	
7. Name and Address of New Registered Agent Name ROBIN RICHARDS Street Address (P.O. Box Number is Not Acceptable) 770 S/W 4TH ST. City BOCA RATON FL Zip Code 33486	

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, ROBIN 3870 N.E. 23RD AVE., #3 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBIN RICHARDS 770 S/W 4TH ST. BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, DON 3870 N.E. 23RD AVE., #3 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DON RICHARDS 671 JUNE BERRY CT. BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Don Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01
Date

561-338-7710
Daytime Phone #

CR2E034 (10/00)