

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063957

1. Entity Name
QUEST IV SUNSHINE INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90002 030 ***150.00

Principal Place of Business
24111 REDFISH COVE
PUNTA GORDA FL 33955

Mailing Address
24111 REDFISH COVE
PUNTA GORDA FL 33955-4654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
907 Hancock Bridge Pkwy
City & State
Cape Coral, Florida
Zip
33990
Country
Lee

Suite, Apt. #, etc.
907 Hancock Bridge Pkwy
City & State
Cape Coral, Florida
Zip
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Lee

4. FEI Number
650965420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESCOTT, MARGANDA S
412 SE 33 STREET
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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

Marganda S. Prescott

4/20/2000

(Signature, type or printed name of registered agent and file if applicable)

(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. (See criteria on back) ☐

~~FILE NOW!!! FEE IS \$150.00~~
After MAY 1, 2000 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	Secretary Ivonne Steinhaus 907 Hancock Bridge Pkwy Cape Coral, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Pierre Liebowitz 907 Hancock Bridge Pkwy Cape Coral, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/25/00

Date

941-691-5588

Daytime Phone #

CR2034 (9/99)