

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079908

1. Entity Name
THE INQUEST GROUP, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90009 007 ***150.00

Principal Place of Business
4415 FLORIDA NATIONAL DRIVE
STE 103
LAKELAND FL 33813

Mailing Address
PO BOX 5079
LAKELAND FL 33807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3595854**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MC FALL, MARK W ESQ
GRANT FRIDKIN PEARSON ATHAN & CROWN PA
5551 RIDGEWOOD DRIVE SUITE 501
NAPLES FL 34108

Name Joseph J Zarbo Jr
Street Address (P.O. Box Number is Not Acceptable)
4415 Florida National Dr Suite 111
City Lakeland FL Zip Code 33813

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

Signature, typed or printed name of registered agent and title 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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	CROSS, M. WAYNE	
STREET ADDRESS	5150 S FLORIDA AVENUE, SUITE 319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMBROWSKY, L.E.	
STREET ADDRESS	5150 S FLORIDA AVENUE, SUITE 319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENDRICK, JOHN W	
STREET ADDRESS	5150 S FLORIDA AVENUE, SUITE 319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIMEAU, ROY A	
STREET ADDRESS	5150 S FLORIDA AVENUE, SUITE 319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCCI, A. WAYNE	
STREET ADDRESS	5150 S FLORIDA AVENUE, SUITE 319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES A	
STREET ADDRESS	5150 S FLORIDA AVENUE, SUITE 319	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>4415 Florida National Dr, Ste 111</u>	
CITY-ST-ZIP	<u>Lakeland, FL 33813</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>4415 Florida National Dr, Ste 111</u>	
CITY-ST-ZIP	<u>Lakeland, FL 33813</u>	
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CITY-ST-ZIP	<u>Lakeland, FL 33813</u>	
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NAME		
STREET ADDRESS	<u>4415 Florida National Dr, Ste 111</u>	
CITY-ST-ZIP	<u>Lakeland, FL 33813</u>	

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

Date

Daytime Phone #

CR2E034 (10/00)