

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90172 035 ***150.00

DOCUMENT # P99000079908

1. Entity Name

THE INQUEST GROUP, INC.

Principal Place of Business
~~4415 FLORIDA NATIONAL DRIVE
SUITE 111
LAKELAND FL 33813~~

Mailing Address
PO BOX 5079
LAKELAND FL 33807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**5150 South Florida Av
Suite, Apt. #, etc.
Bldg-A, Suite 110**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakeland FL
Zip
33813
Country
Polk

City & State
Zip
Country

4. FEI Number
59-3595854

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZARBO, JOSEPH J JR
4415 FLORIDA NATIONAL DRIVE 5150 South Florida Av
SUITE 111 Bldg A - Suite 110
LAKELAND FL 33813 Lakeland FL 33813**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**5150 South Florida Av
Bldg A Suite 110**
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, 2002 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

TITLE **D** ☐ Delete
NAME **SMITH, CHARLES A**
STREET ADDRESS **4415 FLORIDA NATIONAL DR SUITE 111**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
NAME **TUCCI, A. WAYNE**
STREET ADDRESS **4415 FLORIDA NATIONAL DRIVE SUITE 111**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ Delete
NAME **DOMBROWSKY, L.E.**
STREET ADDRESS **4415 FLORIDA NATIONAL DRIVE SUITE 111**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
NAME **PRIMEAU, ROY A**
STREET ADDRESS **4415 FLORIDA NATIONAL DRIVE SUITE 111**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **D** ☐ Change ☒ Addition
NAME **Zarbo, Joseph J. Jr**
STREET ADDRESS **4415 Florida National Dr Suite 111**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **D** ☒ Change ☐ Addition
NAME **Tucci A. Wayne**
STREET ADDRESS **5150 So. Florida Av Bldg A - Suite 110**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Primeau Roy A**
STREET ADDRESS **5150 So Florida Av Bldg A - Suite 110**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE **D** ☒ Change ☐ Addition
NAME **Smith, Charles A**
STREET ADDRESS **5150 So Florida Av Bldg A - Suite 110**
CITY-ST-ZIP **Lakeland FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J Zarbo Jr

Date

4/5/02

Daytime Phone #

863-291133

CS02F034 (9/01)