2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P99000084989** May 02, 2000 8:00 am Secretary of State 1. Entity Name QUEST CONSULTING INTERNATIONAL, INC. 05-02-2000 90042 041 ***150.00 Mailing Address Principal Place of Business 11901 4 STREET N #915 11901 4 STREET N #915 ST PETERSBURG FL 33716-1720 ST PETERSBURG FL 33716 3. Mailing Address 2. Principal Place of Business 13575 58th Street North Street North 13575 S8th DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. site 158 suite 158 City & State City & State 4. FEI Number Applied For # 59-3601721 1earwater learwater Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired (1. S. A Fee Required 760 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent different address Jame agent HALL, KEM Street Address (P.O. Box Number is Not Acceptable) 11901 4 STREET N #915 ST PETERSBURG FL 33716 158 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change **Addition** TITLE ☐ Delete TITLE Kem Hall NAME NAME 13575 58 th Street North, Ste. 158 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P — ☐ Change Addition TITLE – 🖃 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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