

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90036 014 \*\*\*150.00

**DOCUMENT # P99000088698**



1. Entity Name  
**BARBARA K. QUIST, P.A.**

Principal Place of Business  
**1048 TOURNAMENT DR.  
SPRING HILL FL 34608**

Mailing Address  
**1048 TOURNAMENT DR.  
SPRING HILL FL 34608**

2. Principal Place of Business

*Same as above*  
**1048 Tournament Dr.**

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Spring Hill*

City & State

*FL*

4. FEI Number

**59-3601611**

Applied For

Not Applicable

Zip

**34608**

Country

**USA**

Zip

Country

**Hernando**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DORN, BARBARA K  
1048 TOURNAMENT DR.  
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara K. Quist*

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP          | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------|----------------------|---------------------------------|
| D     | DORN, BARBARA K | 1048 TOURNAMENT DR. | SPRING HILL FL 34608 | <input type="checkbox"/>        |
|       |                 |                     |                      | <input type="checkbox"/>        |
|       |                 |                     |                      | <input type="checkbox"/>        |
|       |                 |                     |                      | <input type="checkbox"/>        |
|       |                 |                     |                      | <input type="checkbox"/>        |
|       |                 |                     |                      | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara K. Quist*  
**CAUTION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-4-03*

CR2E034 (10/02)