

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90145 027 ***150.00

0358001 AV

DOCUMENT # P99000092829

1. Entity Name

QUEST CONTRACTING SERVICES, INC.

Principal Place of Business

Mailing Address

**10276 RIVERSIDE DRIVE
 PALM BEACH GARDENS FL 33410**

**10276 RIVERSIDE DRIVE
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

5115 Corporate Way

3. Mailing Address

5115 Corporate Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
West Palm Beach, FL

Zip
33407

Country
USA

Zip
33407

Country
USA

4. FEI Number

65-0955528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAWE, LISA M
 10276 RIVERSIDE DRIVE
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
LISA M. Rawe

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

5115 Corporate Way

City
West Palm Beach

FL

Zip Code
33407

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]

3/14/02

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
P ☐ Delete
 NAME
RAWE, ROBERT W II
 STREET ADDRESS
10276 RIVERSIDE DRIVE
 CITY-ST-ZIP
PALM BEACH GARDENS FL 33410

TITLE
VS ☐ Delete
 NAME
WOLFE, JAN A JR
 STREET ADDRESS
10276 RIVERSIDE DRIVE
 CITY-ST-ZIP
PALM BEACH GARDENS FL 33410

TITLE
VT ☐ Delete
 NAME
MCALEES, JOSH
 STREET ADDRESS
10276 RIVERSIDE DRIVE
 CITY-ST-ZIP
PALM BEACH GARDENS FL 33410

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/02 561 696 740

CR2E034 (9/01)