

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90097 050 ***150.00

0511948 AV

DOCUMENT # **S37347**

1. Entity Name

QUEST 2000, INC.

Principal Place of Business

4400 EL CONQUISADOR PKWY
 STE 1
 BRADENTON FL 34210
 US

Mailing Address

4400 EL CONQUISADOR PKWY
 STE 1
 BRADENTON FL 34210
 US



2. Principal Place of Business

3657 CORTEZ RD W.

3. Mailing Address

3657 CORTEZ RD W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

BRADENTON FL

BRADENTON FL

Zip

Country

Zip

Country

34210

USA

34210

USA

4. FEI Number

59-3064423

Applied For

Not Applicable

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

GRIFFIN, PATRICIA G
 4400 EL CONGRISTADOR PKWY
 SUITE 1
 BRADENTON FL 34210

Name

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

3657 CORTEZ RD W

Suite 100

City

FL

Zip Code

34210

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME GRIFFIN, JAMES A. III
 STREET ADDRESS 4400 EL CONQUISTADOR PKWY, STE 1
 CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

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

TITLE VP
 NAME GRIFFIN, PATRICIA G.
 STREET ADDRESS 4400 EL CONQUISTADOR PKWY, STE 1
 CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)