

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90010 031 \*\*\*150.00

0295582

**DOCUMENT # V67012**

1. Entity Name  
**BRIDGEQUEST, INC.**

Principal Place of Business  
**6731 DONALD ROSS ROAD  
 PALM BEACH GARDENS FL 33418**

Mailing Address  
**6731 DONALD ROSS ROAD  
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business  
**6732 140th Lane N.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6732 140th Lane N.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Palm Beach Gardens, FL**  
 Zip  
**33418**  
 Country  
**US**

City & State  
**Palm Beach Gardens, FL**  
 Zip  
**33418**  
 Country  
**US**

4. FEI Number **65-0364416**  
 Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH MICHAEL W.  
 6731 DONALD ROSS ROAD  
 PALM BEACH GARDENS FL 33418**

**7. Name and Address of New Registered Agent**

Name **SMITH Michael W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6732 140th Lane N.**  
 City **Palm Beach GARDENS, FL** Zip Code **33418**

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 *Michael W. Smith* **4-1-01**  
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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P SMITH, MICHAEL W. 6731 DONALD ROSS RD. PALM BEACH GARDENS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST SMITH, TINKA 6731 DONALD ROSS RD PALM BEACH GARDENS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Smith, Michael W. 6732 140th Lane N. Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST Smith, Tinka 6732 140th Lane N. Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael W. Smith* **4-1-01** **561-625-3784**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)