

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90125 001 ***150.00

DOCUMENT #V67012

1. Entity Name
BRIDGEQUEST, INC.



Principal Place of Business
10205 S INDIAN RIDGE RD
FORT PIERCE, FL 33418

Mailing Address
10205 S INDIAN RIDGE RD
FORT PIERCE, FL 33418

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

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



☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL
Zip
33418
Country
USA

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Palm Beach Gardens, FL
Zip
33418
Country
USA

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.
6732 140TH LANE N.
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)
10205 S. Indian River DR
City
Ft. Pierce FL Zip Code
34982

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 *Michael W. Smith* DATE **2-9-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)

FILE NOW WITH FEES IN HAND
After May 1, 2003, fee will be \$500 to
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MICHAEL W. 6732 140TH LANE N. PALM BEACH GARDENS, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, TINKA 6732 140TH LANE N. PALM BEACH GARDENS, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Smith, Michael W. 10205 S. Indian River DR Ft Pierce, FL 34982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Treasurer Smith, Tinka 10205 S. Indian River DR Ft Pierce, FL 34982	☒ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X)(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: *Michael W. Smith* DATE **2-9-03** DAYTIME PHONE # **772-785-5779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)