

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 22, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000022164

1. Entity Name
QUEST REAL ESTATE SERVICES, INC.

Principal Place of Business
 3955 N. SEMINOLE POINT
 CRYSTAL RIVER FL 34428

Mailing Address
 3955 N. SEMINOLE POINT
 CRYSTAL RIVER FL 34428

2. Principal Place of Business
 3944 N. SEMINOLE POINT

3. Mailing Address
 3944 N. SEMINOLE POINT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 CRYSTAL RIVER FL

City & State
 CRYSTAL RIVER FL

4. FEI Number
59-3498348

Applied For
 Not Applicable

Zip Country
 34428

Zip Country
 34428

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

6. Name and Address of Current Registered Agent

KEARBY JERALD C
 3955 N. SEMINOLE POINT
 CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name
KEARBY JERALD C

Street Address (P.O. Box Number is Not Acceptable)
 3944 N. SEMINOLE POINT

City
CRYSTAL RIVER FL Zip Code
 34428

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 _____ DATE **01/22/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	KEARBY JERALD C	
STREET ADDRESS	3955 N SEMINOLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARBY JERALD C	
STREET ADDRESS	3944 N SEMINOLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34421	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Jerald C. Kearby Pres Date 01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)