2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01000004908 **DOCUMENT #**

1. Entity Name
ARMSTRONG CONSULTING INC.



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90093 034 ***158.75

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Suite, Apt. #, ctc. City & State Street Address of New Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Tell Registered Agent City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I am families with, and acceptable in entitle purpose of changing its registered office or registered agent. Significant State FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME SIREF ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OTH ST. 2P THE NAME SIREF ADDITIONS STATE Address City ST. 2P City FL Zip Code Street Address Street Address PARTITIONS, DALE Supplied For data Department of State OTH ST. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME SIREF ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OTH ST. 2P City ST. 2P Change Address City ST. 2P Change Address City ST. 2P NAME City ST. 2P Change Address City ST. 2P Address City ST. 2P NAME Change Address City ST. 2P C	850 W. HIN	ID DRIVE. SUITE 208	P.O. BOX 240509				
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- Thereby Certify that the information supplied with this filing does not qualify for the government.	ame Freet address			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			

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 changed, or on an attachment with an address, with all per like empowered.

SIGNATURE: X

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

808-377-6500

Daytime Phone #