2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State
01-22-2000 90011 007 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L12155

1. Entity Name

CONSULTIS OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
% FRED W. CHAMBERLAIN	% FRED W. CHAMBERLAIN
4401 N. FEDERAL HWY. SUITE 203	4401 N. FEDERAL HWY. SUITE 203
BOCA RATON FL 33431	BOCA RATON FL 33432-7434

2. Principal Place of Business	3. Mailing Address
1615 S. Federal Hwy	1615 S. Federal Hwy
Suite, Apt. #, etc.: Ste. 100	Suite, Apt. #, etc.: Ste. 300
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number 65-0139720 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLAS R DETTMAN
29 CAYUGA RD
SEA RANCH LAKES FL 33308

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

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, 2000 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	D	☐ Delete
NAME	FLEMING, BARBARA DETTMAN	
STREET ADDRESS	20693 NW 26TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: Barbara Dettman Fleming

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