

1/23/

FILED**Mar 05, 2001 8:00 am**
Secretary of State

01-23-2001 90134 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L12155**

1. Entity Name

CONSULTIS OF BOCA RATON, INC.

Principal Place of Business

**1615 S FEDERAL HWY
SUITE 100
BOCA RATON FL 33432**

Mailing Address

**1615 S FEDERAL HWY
SUITE 100
BOCA RATON FL 33432**

64178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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)

1615 S. FEDERAL HWY.

City

**SUITE 300
BOCA RATON, FL 33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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	☐ Delete
NAME	FLEMING, BARBARA DETTMAN
STREET ADDRESS	20693 NW 28TH AVE
CITY - ST - ZIP	BOCA RATON FL

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
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STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	☐ Delete
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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	BARBARA DETTMAN FLEMING
STREET ADDRESS	1615 S. FEDERAL HWY.
CITY - ST - ZIP	SUITE 300 BOCA RATON, FL 33432

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

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

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

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

TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)