

05-22-2001 90633 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000063650
1. Entity Name
 Gerard Consulting Services, Inc. ✓

Principal Place of Business 5504 Westview Lane Tallahassee, FL 32310	Mailing Address 5504 Westview Lane Tallahassee, FL 32310
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C0069450

2. Principal Place of Business 5504 Westview Lane Suite, Apt. #, etc.	3. Mailing Address 5504 Westview Lane Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 59-3674028	Applied For <input type="checkbox"/> Not Applicable
Zip 32310	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent Pam Gerard 5504 Westview Lane Tallahassee, FL 32310	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reissuing) **DATE** _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, VP, Secretary, Treasurer <input type="checkbox"/> Delete Pam Gerard 5504 Westview Lane, Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

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 Pam Gerard **DATE** 4/30/01