

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-12-2001 90237 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107973

1. Entity Name
HUSKERS CONSULTING, INC. ✓

Principal Place of Business
1211 STARDUST LANE
N. LAUDERDALE FL 33068

Mailing Address
1211 STARDUST LANE
N. LAUDERDALE FL 33068

2. Principal Place of Business
6761 SW 9th Place
Suite, Apt. #, etc.

3. Mailing Address
6761 SW 9th Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N/Auderdale, Florida

4. FEI Number
65-1056946

Zip
33068

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UHING, CYNTHIA
1211 STARDUST LANE
N. LAUDERDALE FL 33068

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 *[Signature]* 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UHING, CYNTHIA 1211 STARDUST LANE N. LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE Daytime Phone #

CR2004 (10/00)