

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 025 ***150.00

DOCUMENT # *HUSKERS CONSULTING, INC*
1. Entity Name
P000000107973 ✓

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639876

2. Principal Place of Business <i>6720 SW 7th PL</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>N. LAUDERDALE, FL</i>		Suite, Apt. #, etc. <i>6720 SW 7th PI</i>	
City & State		City & State <i>NORTH LAUDERDALE, FL</i>	
Zip <i>33068</i>	Country <i>BROWARD</i>	Zip <i>33068</i>	Country <i>BROWARD</i>
4. FEI Number <i>65 107 1884</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name *Cynthia Uhing*

Street Address (P.O. Box Number is Not Acceptable)
6720 SW 7th PI

City *North Lauderdale* FL Zip Code *33068*

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 reinstating) 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"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Cynthia Uhing 6720 SW 7th PI North Lauderdale FL 33068</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia Uhing* *CYNTHIA UHING* 4/13/02 (954) 979-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)