

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

DOCUMENT # P000000107973

1. Entity Name

Huskers Consulting

FILED

02 OCT -7 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6720 SW 7th Pl
Suite, Apt. #, etc.

3. Mailing Address
6720 SW 7th Pl
Suite, Apt. #, etc.

City & State
North Lauderdale, FL
Zip 33068 Country BROWARD

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North Lauderdale, FL
Zip 33068 Country BROWARD

2002 AMENDED

4. FEI Number 65-1071884
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cynthia Uling

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

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 _____

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

(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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President Cynthia Uling 6720 SW 7th Pl North Lauderdale FL 33068</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President Catherine Dubois 6720 SW 7th Pl North Lauderdale FL 33068</u>
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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-10/18/02--01085--007
*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

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 Uling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02
Date

(954)919-5638
Daytime Phone #

CR2E034B (12/01)