2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91878 012 ***150.00

060902 AV

DOCUMENT # P02000029958

1. Entity Name
TAD CONSULTING, INC.

Principal Place of Business	Mailing Address
729 S FEDERAL HWY STE 212 STUART FL 34994	729 S FEDERAL HWY STE 212 STUART FL 34994

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
789 S Federal Hwy		789 S Federal Hwy	
Suite, Apt. #, etc.: 213		Suite, Apt. #, etc.: 213	
City & State: Stuart FL		City & State: Stuart FL	
Zip: 34994	Country: Martin	Zip: 34994	Country: Martin

4. FEI Number: 22-2782753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLUCCIO, THOMAS R
1206 SW CATALINA ST
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLUCCIO, THOMAS A 1206 SW CATALINA ST PALM CITY FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLUCCIO, DONNA D 1206 SW CATALINA ST PALM CITY FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Change ☒ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQ D Carluccio — 5/1/03 — 772-220-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONNA D CARLUCCIO — Date — Daytime Phone #