

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91093 044 \*\*\*150.00

**DOCUMENT # P02000050040**

1. Entity Name

DINGFELDER CONSULTING, INC.



Principal Place of Business

9 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE FL 32086

Mailing Address

9 ST. JOHNS MEDICAL PARK DRIVE  
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0460366

Applied For

Not Applicable

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

RAX CO.  
C/O JAMES A. NOLAN, III  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE FL 32202

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 **MGR**  
NAME **Steven P. Dingfelder**  
STREET ADDRESS **9 St. Johns Medical Park Dr**  
CITY-ST-ZIP **St. Augustine, FL 32086**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

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☐ Change

☐ Addition

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03  
Date

904-797-2705  
Daytime Phone #

CR2E034 (10/02)