

PO2000104743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

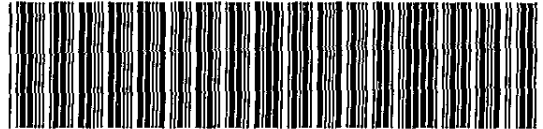
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/03--01047--025 **35.00

FILED

03 DEC 10 AM 11:01

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

12/11/03
RO



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 25, 2003

BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.
ATTN: LOUIS R BIRON
25541 STATE RD 46, SUITE 2
MT PLYMOUTH, FL 32776

SUBJECT: BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.
Ref. Number: P02000104743

We have received your document for BUSINESS CONSULTING & MANAGEMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2003 corporate annual report/uniform business report form in a timely manner. To reinstate the corporation you must submit the attached reinstatement application or annual report/uniform business report form and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee for the current year, and \$88.75 corporate supplemental fee for the current year.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 703A00063927

RECEIVED

03 DEC 10

DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: PD2000104743

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS R. BIRON

(Name of person)

BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.
25541

(Name of firm/company)

25541 STATE RD. 46, SUITE 2

(Address)

MT. PLYMOUTH, FL. 32776

(City/state and zip code)

For further information concerning this matter, please call:

LOUIS R. BIRON

(Name of person)

at (352) 7353165

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BUSINESS CONSULTING & MANAGEMENT SERVICES, I
2. The principal office address: 25541 STATE ROAD 46, SUITE 2
MOUNT PLYMOUTH, FL 32776
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/25/02 Document number: A02000104743

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LOUIS R. BIRON
11850 U.S. HIGHWAY 44
MOUNT DORA, FL 32757

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

25541 STATE ROAD 46, SUITE
(P.O. Box or personal mailbox NOT acceptable)
MOUNT PLYMOUTH, FL 32776

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 DEC 10 AM 11:01

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Dario R. Biron
(Signature of an officer or director)

LOUIS R. BIRON PRES. T
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Dario R. Biron
(Signature of Registered Agent)

11/14/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314