2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080566

1. Entity Name

NEUMANN CONSULTING GROUP, INC.

Principal Place of Business

2256-A PALMWOOD DR
DUNEDIN FL 34698
US

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Mailing Address

2256-A PALMWOOD DR
DUNEDIN FL 34698-6527
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

FILED Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90027 018 ***150.00



2. Principal Place of Business		3. Mailing Address				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SI	PACE	
City & State		City & State		4. FEI Number 59-3344956	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
-	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered A	jent	
	داد و جنوب داد اليهامين الله المحتجمين		Name	می پردای پیشدید در دمیان پرداید در		
NEUMANN, MICHAEL E 2256-A PALMWOOD DR DUNEDIN FL 34698			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
3. The above	e named entity submits this statemen		ng its registered office or reg	quired when reinstating)		
Tax filing	oration is eligible to satisfy its Intangi requirement and elects to do so. ria on back)	After MAY	OW!!! FEE IS \$150.00 1, 2000 Fee will be \$550 ayable to Department of	State	\$5.00 May Be Added to Fees	
1.		ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
ITLE AME TREET ADDRESS ITY-ST-ZIP	PTD NEUMANN, MICHAEL E 2256-A PALMWOOD DR DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ 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	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP .		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied v	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

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 Block 12 if changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

121-134-2206

Daytime Phone