

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000030130**

1. Entity Name  
**THRESHOLD CONSULTING SERVICES, INC.**

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90012 043 \*\*\*150.00  
09-06-2000 90087 049 \*\*\*400.00

Principal Place of Business  
200 N GARDENS VE  
CLEARWATER FL 33755  
US

Mailing Address  
200 N GARDENS VE  
STE 103  
CLEARWATER FL 33755  
US



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address  
**200 N. GARDEN AVE**  
Suite, Apt. #, etc.

City & State  
**CLEARWATER**

City & State  
**CLEARWATER**

Zip  
**33755**

Country  
**USA**

4. FEI Number **59-3373071** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PATTERSON, PATRICIA D**  
**150 WOODCREEK DR N**  
**SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent  
Name **PATTERSON, PATRICIA D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**13 LEEWARD ISLAND**  
City **CLEARWATER FL** Zip Code **33767**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00!**  
**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	<b>C</b> <b>PATTERSON, ROBERT K</b> <b>150 WOODCREEK DRIVE NORTH</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PATTERSON, PATRICIA D</b> <b>150 WOODCREEK DR N</b> <b>SAFETY HARBOR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PATTERSON, STEVEN B</b> <b>774 SNUG ISLAND</b> <b>CLEARWATER FL 34630</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KEEGAN, JOHN T</b> <b>2194 FEATHER SOUND DR</b> <b>CLEARWATER FL 33762</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PATTERSON ROBERT K</b> <b>13 LEEWARD ISLAND</b> <b>CLEARWATER, FL 33767</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PATTERSON PATRICIA D</b> <b>13 LEEWARD ISLAND</b> <b>CLEARWATER, FL 33767</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KEEGAN JOHN T</b> <b>14734 TURNBERRY COURT</b> <b>CLEARWATER, FL 33762</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: **PATRICIA D. PATTERSON** **11-00**  
Date: **8-11-00** **727-467-0626**  
Daytime Phone: \_\_\_\_\_

CR2E034 (5/00)