2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90129 007 ***150.00

DOCUMENT # P96000080983

1. Entity Name

~~AUTOPEK INC~~ CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
1420 SE 3RD ST. CAPE CORAL FL 33990 US	1505 SE 40TH ST #C CAPE CORAL FL 33904-7913 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1505 S.E. 40th Street	
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.:
City & State: Cape Coral, FL	City & State:
Zip: 33904 Country:	Zip: Country:

4. FEI Number 65-0700648 ☐ 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
H.S. BLAIR & ASSOCIATES INC 1505 SE 40TH ST #C CAPE CORAL FL 33904	Name: James W. Amburn Street Address (P.O. Box Number is Not Acceptable): 28000 Spanish Wells Boulevard City: Bonita Springs FL Zip Code: 34135

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 [signature] Romke Bloksma 2-12-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOKSMA, ROMKE 1505 SE 40TH ST.#C CAPE CORAL, FL 33904-7913	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bloksma, Romke 1505 S.E. 40th Street, Suite C Cape Coral, FL 33904	☑ Change ☐ Addition
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CR2E034 (9/99)

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: Romke Bloksma [signature] 2-12-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #