

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90001 043 ***150.00

DOCUMENT # P99000043732

1. Entity Name
SDC CONSULTING, INC.

Principal Place of Business

Mailing Address

~~P. O. BOX 1074~~
JUPITER FL 33468

~~P. O. BOX 1074~~
JUPITER FL 33468

00021020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1420 OCEAN WAY

1420 OCEAN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 21A

Unit 21A

City & State

City & State

Jupiter FL

Jupiter FL

4. FEI Number **65-0923421**

Applied For
 Not Applicable

Zip

Country

Zip

Country

Jupiter 33477 USA

33487 USA

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

MULLIN, JAMES G
2263 NW BOCA RATON BLVD., #205
BOCA RATON FL 33431

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.

SIGNATURE _____
 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, 2001 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 Delete
 NAME **D**
 STREET ADDRESS **DE CARLO, SYLVIA**
 CITY-ST-ZIP **P. O. BOX 1074**
JUPITER FL 33468

TITLE Change Addition
 NAME
 STREET ADDRESS **1420 OCEAN WAY # 21A**
 CITY-ST-ZIP **Jupiter FL 33477**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

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: *Sylvia DeCarlo* **2/18/01** **(561) 748-6333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)