

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

04-19-2001 90065 046 ***150.00

DOCUMENT # P99000095887			
1. Entity Name			
CNA CONSULTING INC. ✓			
Principal Place of Business		Mailing Address	
3400 FROSTY WAY #4		APT 4	
NAPLES FL 34112			
2. Principal Place of Business		3. Mailing Address	
SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number		Applied For	
59-3607659		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGLAS RANKIN, ESQ. TAMIAMI TRAILL NORTH NAPLES, FL 34104		Name CLAUDIO FERRARI Street Address (P.O. Box Number is Not Acceptable) 3400 FROSTY WAY #4 City NAPLES FL Zip Code 34112	
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 <u>Claudio Ferreri (CLAUDIO FERRARI), PRESIDENT</u> DATE <u>4/30/2001</u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$160.00 After MAY 1, 2001 Fee will be \$680.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. SEC DIRECTOR <input type="checkbox"/> Delete CLAUDIO FERRARI FROSTY WAY NAPLES, FL 34112	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Claudio Ferreri (CLAUDIO FERRARI)</u> DATE <u>4/12/2001</u> DAYTIME PHONE # <u>941/7754608</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (11/00)