

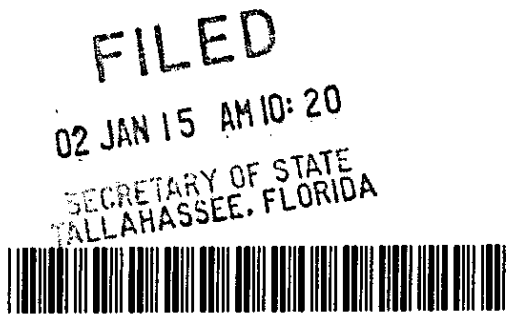
2001 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 23

0005401 AV

DOCUMENT # P00000020416

1. Entity Name
2400 CONSULTING, INC.



Principal Place of Business
8416 LULA LN.
TALLAHASSEE FL 32308

Mailing Address
8416 LULA LN.
TALLAHASSEE FL 32308

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

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
073-28-6174

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYNES, ZAID
8416 LULA LN.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HAYNES, ZAID	
STREET ADDRESS	8416 LULA LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☐ Delete
NAME	HAYNES, JIBRIL	
STREET ADDRESS	68 RADCLIFF ST.	
CITY-ST-ZIP	DORCHESTER MA 02121	
TITLE	D	☐ Delete
NAME	HAYNES, AISYLAH	
STREET ADDRESS	63 WALDECK ST.	
CITY-ST-ZIP	DORCHESTER MA 02121	
TITLE	D	☐ Delete
NAME	HAYNES, AMADLA	
STREET ADDRESS	8416 LULA LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

** Doc. Returned by Po. for postage - Filed with number in block 4 originally*

500004851315--9
-01/31/02--01076--015
****150.00 ****150.00

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: *Signature of Haynes* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *09/07/2001* **DATE** *(850) 385-9007* **DAYTIME PHONE #**

CR2E034 (5/01)

08/07/2001

I, Zaid Haynes, certify that I did not
receive the previous notice regarding
renewal of 2400 Consulting, INC.

(Document # P00000020416)

(signed)

Zaid Haynes



pg. 3 of 3

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 3, 2001

2400 CONSULTING, INC.
8416 LULA LN.
TALLAHASSEE, FL 32308

SUBJECT: 2400 CONSULTING, INC.
Ref. Number: P00000020416

*Put by P.O. for postage
Katherine Harris
filed w/ original
encl*

We have received your document for 2400 CONSULTING, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 901A00055532