

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90171 019 ***150.00

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DOCUMENT # L90154

1. Entity Name
I.F.C. CONSULTING, INC.



Principal Place of Business
136 SEASHORE DRIVE
ISLAMORADA FL 33036
US

Mailing Address
136 SEASHORE DRIVE
ISLAMORADA FL 33036
US



2. Principal Place of Business

3. Mailing Address

PO BOX 147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Islamorada, FL.

4. FEI Number

65-0215753

Applied For

Not Applicable

Zip

Country

Zip

Country

33036

US

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

HERTEL, GEORGE D
136 SEASHORE DRIVE
ISLAMORADA FL 33036

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HERTEL, DOROTHY
STREET ADDRESS 136 SEASHORE DRIVE
CITY-ST-ZIP ISLAMORADA, FL 33036

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

TITLE VPD ☐ Delete
NAME HERTEL, GEORGE E
STREET ADDRESS 136 SEASHORE DRIVE
CITY-ST-ZIP ISLAMORADA FL 33036

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

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY HERTEL

Date

4/4/03

Daytime Phone #

305-664-2296

CR2E034 (10/02)