

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90167 027 ***158.75

DOCUMENT # G26450

1. Entity Name
CONSUTEC, INC.



Principal Place of Business
**4919 MEMORIAL HWY
SUITE 222
TAMPA FL 33634
US**

Mailing Address
**4919 MEMORIAL HWY
SUITE 222
TAMPA FL 33634
US**

11003424



2. Principal Place of Business
7901 Benjamin Road
Suite, Apt. #, etc.

3. Mailing Address
7901 Benjamin Road
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida-33634

City & State
Tampa Florida 33634

4. FEI Number **59-2269651**

Applied For
Not Applicable

Zip
33634-2303

Country
Hillsborough

Zip
33634-2303

Country
Hillsborough

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAY OCHOTORENA
4919 MEMORIAL HWY
SUITE 222
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name
Ray Ochotorena
Street Address (P.O. Box Number is Not Acceptable)
7901 Benjamin Road

City
Tampa, Florida **FL** Zip Code
33634

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 **Ray Ochotorena, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/21/03

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

TITLE **PDT** ☐ Delete
NAME **OCHOTORENA, RAY**
STREET ADDRESS **7200 FLOWERFIELD DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **VSD** ☐ Delete
NAME **KRAWCZYK**
STREET ADDRESS **13147 GREENGAGE LN.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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TITLE ☐ Change ☐ Addition
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 OF RAY OCHOTORENA, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 8138897181

Date

Daytime Phone #

CR2E034 (10/02)