

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G37064

1. Entity Name

EXPLOSIVE CONSULTANTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90050 043 ***150.00

Principal Place of Business

Mailing Address

7820 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

7820 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952-6706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2443646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULLIAN, LOUIS
7820 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ULLIAN, LOUIS	
STREET ADDRESS	7820 SOUTH TROPICAL TR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ULLIAN, HELEN	
STREET ADDRESS	7820 S. TROPICAL TR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ULLIAN, MICHAEL	
STREET ADDRESS	232 RIVER WALK DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILNER, LINDA A.	
STREET ADDRESS	6 CENTURY CIRCLE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Louise Ullian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 321 452-1704
Date Daytime Phone #

CR2E034 (9/99)