

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90158 025 ***150.00

0479407

DOCUMENT # H64806

1. Entity Name
SVBK CONSULTING GROUP, INC.

Principal Place of Business 205 E CENTRAL BLVD STE 301 ORLANDO FL 32801-1639 US	Mailing Address 205 E CENTRAL BLVD STE 301 ORLANDO FL 32801-1639 US
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AU037460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 37 N. Orange Ave Suite, Apt. #, etc. 710 City & State Orlando, FL Zip 32801 Country USA	3. Mailing Address 37 N. Orange Ave Suite, Apt. #, etc. 710 City & State Orlando, FL Zip 32801 Country USA
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4. FEI Number **59-2570243** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KILLGORE, FRANK
 940 HIGHLAND AVE.
 ORLANDO FL 32803**

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 _____ DATE _____
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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, SHEREE L. 4051 LAKE MIRA DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, WILLIAM R 1175 HUMMINGBIRD CT. FORT MILL SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRERA, HENRY 719 HEMPSTEAD AVE. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Henry Herrera **Henry Herrera** **3-22-01** **407-872-1500**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)