

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2001 90158 025 ***150.00

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**

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

AU037460



DO NOT WRITE IN THIS SPACE

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

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, 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

TITLE **P** ☐ Delete
NAME **BROWN, SHEREE L.**
STREET ADDRESS **4051 LAKE MIRA DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** ☐ Delete
NAME **ROSS, WILLIAM R**
STREET ADDRESS **1175 HUMMINGBIRD CT.**
CITY-ST-ZIP **FORT MILL SC**

TITLE **S** ☐ Delete
NAME **HERRERA, HENRY**
STREET ADDRESS **719 HEMPSTEAD AVE.**
CITY-ST-ZIP **ORLANDO 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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Herrera

3-22-01

Date

407.872.1500

Daytime Phone #

CR2E034 (10/00)

0479407