

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90065 006 ***158.75

DOCUMENT # K48620

1. Entity Name
SHYTL'S CONSULTING SERVICES, INC.



Principal Place of Business
C/O JAMES B. SHYTL
960 S. LAKE ELBERT DR.
WINTER HAVEN FL 33880

Mailing Address
C/O JAMES B. SHYTL
960 S. LAKE ELBERT DR.
WINTER HAVEN FL 33880



2. Principal Place of Business
C/O JAMES B. SHYTL

Suite, Apt. #, etc.
1100 MARTINIQUE DR. #120

City & State
WINTER HAVEN, FL

Zip
33884

Country
POIK

3. Mailing Address
C/O JAMES B. SHYTL

Suite, Apt. #, etc.
1100 MARTINIQUE DR. #120

City & State
WINTER HAVEN, FL

Zip
33884

Country
POIK

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2918765**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHYTL, JAMES B.
960 S. LAKE ELBERT DR.
WINTER HAVEN FL 33880

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. 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

TITLE **D** ☐ Delete
NAME **SHYTL, JAMES B.**
STREET ADDRESS **960 S. LAKE ELBERT DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ Delete
NAME **SHYTL, KATIE F.**
STREET ADDRESS **960 S. LAKE ELBERT DR.**
CITY-ST-ZIP **WINTER HAVEN 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 **1100 MARTINIQUE DR. #120**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **1100 MARTINIQUE DR. #120**
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NAME
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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:

JAMES B. SHYTL
PRESIDENT

1/11/03 (863)324-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)