

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90140 008 ***150.00

0036601 AV

DOCUMENT # K52975

1. Entity Name
MANAGEMENT CONSULTING SPECIALIST, INC.

Principal Place of Business
8570 PHILLIP HWY
STE 115
JACKSONVILLE FL 32256
US

Mailing Address
8570 PHILLIP HWY
STE 115
JACKSONVILLE FL 32256
US

BU068033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2932210		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CASTEEL, JAMES E 8570 PHILLIPS HWY STE 115 JACKSONVILLE FL 32256				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	DV	CASTEEL, JAMES E.			
		153 INDIAN LAKE RD			5734 MANNING Cemetery RD
		HAWTHORNE FL 32640			Jacksonville, FL 32234
	DP	CASTEEL, ELIZABETH			
		153 INDIAN LAKE RD			5734 MANNING Cemetery RD
		HAWTHORNE FL 32640			Jacksonville, FL 32234

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 persons empowered.

SIGNATURE: *James E. Casteel, VP* **JAMES E CASTEEL, VP** **4-2-02** **904-732-7576**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)