

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90780 024 ***150.00

DOCUMENT # K70623

1. Entity Name

NORTHEAST CONSULTING SERVICE, INC.



DO NOT WRITE IN THIS SPACE

10036177

2. Principal Place of Business
%RUDOLPH MATLAND

Suite, Apt. #, etc.
12995 CLEVELAND AVE S.108

City & State
FORT MYERS, FL

Zip Country
33907 USA

3. Mailing Address
%RUDOLPH MATLAND

Suite, Apt. #, etc.
12995 CLEVELAND AVE. S.108

City & State
FORT MYERS, FL

Zip Country
33907 USA

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4. FEI Number
65-0132887

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATLAND, RUDOLPH
8815 SOMERSET BLVD
FORT MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with another like empowered.

SIGNATURE:

Rudolph L. Matland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/03

Date

239-275-3434

Daytime Phone #