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Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

IGNING OFFICER OR DIRECTOR

Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** K74128 1. Entity Name 04-02-2002 90057 010 ***150.00 AIV CONSULTING, INC. Principal Place of Business Mailing Address 302 LEE BOUELVARD. SUITE 102 302 LEE BOUELVARD, SUITE 102 LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 302 LEE BOUELVARD, SUITE 102 **LEHIGH ACRES FL 33936** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🖄 Addition TITLE TITLE Change CR2E034 (9/01 Delete NAME SEIGERSCHMIDT, MANFRED NAME 1915 GOLFSIDE DRIVE STREET ADDRESS STREET ADDRESS Seigerschmidt, Marc **LEHIGH ACRES FL 33972** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE VD TITLE NAME SEIGERSCHMIDT, HELGA NAME 1915 GOLFSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition SEIGERSCHMIDT, MARC NAME NAME STREET ADDRESS STREET ADDRESS 1915 GOLFSIDE DRIVE CITY-ST-ZIP **LEHIGH ACRES FL 33972** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 13. I hereby certify that the information supplied with this filing does not qualify for the symptom 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 indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with all other like empowered.