

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008070

1. Entity Name  
CD CONSULTING, LLC

FILED

01 FEB -9 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1657 KERSLEY CIRCLE  
HEATHROW FL 32746

Mailing Address  
1657 KERSLEY CIRCLE  
HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1531089

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMBEK, CHRISTINE  
1657 KERSLEY CIRCLE  
HEATHROW FL 32746

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

President  
Christine Dombek  
1657 Kersley Circle  
Heathrow FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

2000003708602--0  
-02/19/01--0000000000  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Christine Dombek* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)