

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-11-2003 90022 013 ****50.00

DOCUMENT # L02000011926

1. Entity Name
HEADWAY CONSULTING GROUP, LLC



JUL10014



CHECK HERE IF MAKING CHANGES

Principal Place of Business 31 COLERIDGE CT. PALM COAST FL 32164		Mailing Address 31 COLERIDGE CT. PALM COAST FL 32164		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent DAY, JAMES E. 31 COLERIDGE CT. PALM COAST FL 32164				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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MANAGING MEMBER
JAMES E. DAY
31 Coleridge Ct
Palm Coast, FL. 32137

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____

CR2003 (1/02)