

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90005 035 ***150.00

0061422

DOCUMENT # L49578

1. Entity Name

HEWITT FINANCIAL CONSULTING, INC.

Principal Place of Business

Mailing Address

C/O JAMES L. HEWITT
 105 W COLONIAL DRIVE
 ORLANDO FL 32801

C/O JAMES L. HEWITT
 105 W COLONIAL DRIVE
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

c/o James L. Hewitt

c/o James L. Hewitt

Suite, Apt. #, etc.

1411 Edgewater Dr. #200

Suite, Apt. #, etc.

P.O. Box 541509

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2922859

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32854-1509

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEWITT, JAMES L.
105 W COLONIAL DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
James L. Hewitt

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

1411 Edgewater Drive, Suite 200

City

Orlando, Florida

FL

Zip Code
32807

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.

James L. Hewitt, Director

1/23/01

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HEWITT, JAMES L.	105 W COLONIAL DRIVE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Hewitt, James L.	1411 Edgewater Drive, Suite 200	Orlando, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Hewitt

Date

1/23/01

Daytime Phone #

407-447-0386

CR2E034 (10/00)