

FILED

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 017 ***150.00

DOCUMENT # L82445

FLORIDA CONSULTING, INC.

Place of Business

Mailing Address

J. MOSEMAN
1002 W. LAKE MARION ROAD
HAINES CITY FL 33844

C/O JACK S. MOSEMAN
1002 W. LAKE MARION ROAD
HAINES CITY FL 33844-4839

Place of Business

3. Mailing Address

15 TRINITY Circle

1945 TRINITY Circle

Apt. #, etc.

Suite, Apt. #, etc.

State
FLA

City & State
HAINES CITY FLA

Country
USA

Zip
33844

Country
USA

4. FEI Number 59-3017037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J. MOSEMAN, JACK S.
WEST LAKE MARION ROAD
HAINES CITY FL 33844

Name

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

City

FL

Zip Code

I hereby certify that I am submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Jack S. Moseman
Signature, typed or printed name of registered agent and title if applicable.

JACK S. MOSEMAN SR

2-14-00

(NOTE: Registered Agent signature required when reinstating)

DATE

Is the agent eligible to satisfy its Intangible
Tax requirements and elects to do so.
(Refer to back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete
D
MOSEMAN, JACK S.
1002 WEST LAKE MARION RD
HAINES CITY FL 1945 TRINITY
CIRCLE

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

☐ Delete

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

☐ Delete

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☐ Delete

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

I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:
Jack S. Moseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00 863422-8244

CR2E034 (9/99)