

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83458

1. Entity Name

CONSULTIS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90016 022 ***150.00

Principal Place of Business

BARBARA D. FLEMING
4401 N. FEDERAL HWY., #202
BOCA RATON FL 33431
US

Mailing Address

BARBARA D. FLEMING
4401 N. FEDERAL HWY., #202
BOCA RATON FL 33432-7434
US

A0006029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1615 S. Federal Highway

Suite, Apt. #, etc.

#300

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Address

1615 S. Federal Highway

Suite, Apt. #, etc.

#300

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. FEI Number

65-0205868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBARA D. FLEMING
4401 N. FEDERAL HWY., #202
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Barbara D. Fleming

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

1615 S. Federal Hwy Suite 300

City

Boca Raton

FL

Zip Code

33432

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

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, 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**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLEMING, BARBARA JANE	
STREET ADDRESS	4401 N. FEDERAL HWY., #202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DETTMAN, DOUGLAS R.	
STREET ADDRESS	4401 N. FEDERAL HWY., #202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (9/99)