## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # L84695** 1. Entity Name CLB CONSULTING, INC. 01-20-2000 90146 031 \*\*\*150.00 Principal Place of Business Mailing Address 9919 SPOONBILL ROAD EAST 1001 FERO **BRADENTON FL 34209** LOWELL MI 49331-9477 703820 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0214828 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEIGLE, RAYMOND A., III Street Address (P.O. Box Number is Not Acceptable) 9919 SPOONBILL ROAD EAST **BRADENTON FL 34209** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ....X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Change TITLE Delete WALKER, ADRON H. NAME STREET ADDRESS STREET ADDRESS 802 11TH STREET W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change Addition Delete TITLE TITLE WEIGEL, RAYMOND A., II NAME NAME STREET ADDRESS STREET ADDRESS 9919 SPOONBILL ROAD E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Delete □ Change Addition TITLE TITLE WEIGEL, RAYMOND A., III NAME NAME STREET ADDRESS STREET ADDRESS 1001 FERO CITY-ST-ZIP CITY-ST-ZIP LOWELL MI Change ☐ Addition TITLE STD ☐ Delete TITLE WEIGEL, WAVELET NAME NAME STREET ADDRESS STREET ADDRESS 9919 SPOONBILL ROAD EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all oth

SIGNATURE: