2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93053



Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90191 017 ***150.00

Section Process Street S	1. Entity Name HOLBROOKE & ASSOCIATES CONSULTANTS, INC.									01-23-2003 90	191 017	130.0	00		
City & State S. Certificate of Status Desired S. Certificate of Status Desired S. Repulsed For Fire Repulsed S. Name and Address of Current Registered Agent Name Name Name Name Name Name City FL Zip Code 6. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable SIGNATURE System, most or promoterane in mislated agent with its Taptistate POTE Registered agent, or both, in the State of Florida. I am familiar with, and acceptate SIGNATURE System, most or promoterane in mislated agent with its Taptistate POTE Registered Agent, or both, in the State of Florida. I am familiar with, and acceptate TILE NOW!!! FEE IS \$150.00 After May 1, 2003 See will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADD/TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRET AUDIESS CITY-ST-2P TILE NAME SIRET AUDIESS SI	5365 STIRLING STE B DAVIE FL 333 US	3 ROAD 114-7433		5365 STIRLING ROAD STE B DAVIE FL 33314-7433 US											
Country Country Country Country Country St. Certificate of Status Desired St. 75 Additional Fee Required St. 75 Addi	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & Stat	e		City & State					65-0207762 Not A			ot Applicable			
HOLBROOKE, A. F. 3400 E. POINT DR. COOPER CITY FL 33026 City FL Zip Code 6. The above named onlify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INC. HOLBROOKE, ANTHONY F. 3400 E. POINT DR COPER CITY FL 33026 CITY-ST-2P INC. MAKE SIRET ANDRESS CITY-ST-2P INC. MAKE						try:					ee Require				
HOLBROOKE, A. F. 3400 E. POINT DR. COOPER CITY FL 33026 City FL Zip Code 8. The above named entry submiss 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2009 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 A	ļ	6. Name	and Address of Curren	t Registere	ed Agent		News		7. Na	ame and Address of New Reg	gistered Ag	ent		-	
3400 E. POINT DR. COPER CITY FL 33026 City FL Z/p 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 Signature S							Name			•				1	
COOPER CITY FL 33028 City FL Zip Code							Street Address (P.O. Box Number is Not Acceptable)							1	
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE STELLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fees and the following th			026							 				1	
THE NOW!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State PD)						City				FL	Zip Cod	le	1	
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CITY-ST-ZIP					☐ Delete							Change	☐ Addition	2	
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nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all effect in proportions.

SIGNATURE: