2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # L99000000686

1. Entity Name
AUSLEY ELLIS CONSULTING, P.L.

Principal Place of Business	Mailing Address
227 SOUTH CALHOUN STREET	P.O. BOX 786
TALLAHASSEE FL 31301	TALLAHASSEE FL 32301

2. Principal Place of Business	3. Mailing Address
826 WASHINGTON STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State
Zip: 32303 / Country:	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-6371308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUSLEY LORANNE E	Name: AUSLEY LORANNE E
227 SOUTH CALHOUN STREET	Street Address (P.O. Box Number is Not Acceptable): 826 WASHINGTON STREET
TALLAHASSEE FL	City: TALLAHASSEE FL Zip Code: 32303
31301 US	

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 LORANNE AUSLEY — 04/23/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	AUSLEY LORANNE E		NAME	AUSLEY LORANNE E	
STREET ADDRESS	227 SOUTH CALHOUN STREET		STREET ADDRESS	826 WASHINGTON STREET	
CITY-ST-ZIP	TALLAHASSEE FL 31301		CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LORANNE AUSLEY MS. 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #