

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 017 ***150.00

DOCUMENT # **L 99397**
1. Entity Name **Adrienne E. Katz**
Consulting for the Professionals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1938 Florence Vista Blvd**
Suite, Apt. #, etc.

3. Mailing Address **1938 Florence Vista Blvd**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Orlando, FL**
Zip **32818** Country **USA**

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4. FEI Number **65-0212692**
Applied For ☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Adrienne E. Katz**
Street Address (P.O. Box Number is Not Acceptable) **1938 Florence Vista Blvd**
City **Orlando** State **FL** Zip Code **32818**

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 fee if applicable. (NOTE: Registered Agent signature required when not holding) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **Vice President**
NAME **William A. Katz**
STREET ADDRESS **1938 Florence Vista Blvd**
CITY-STATE-ZIP **Orlando, FL 32818**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Adrienne E. Katz** **Adrienne E. Katz** **4/24/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0345 (12/01)