

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90062 046 \*\*\*\*55.00

**DOCUMENT # M02000001387**

1. Entity Name

**NORTHERN CONSULTING LLC**



Principal Place of Business

**3035 NICOLET DR.  
GREEN BAY WI 54311**

Mailing Address

**3035 NICOLET DR.  
GREEN BAY WI 54311**

2. Principal Place of Business

**350 GOLF BROOK CIRCLE**

3. Mailing Address

**350 GOLF BROOK CIRCLE**

Suite, Apt. #, etc.

**#206**

Suite, Apt. #, etc.

**#206**

City & State

**LONGWOOD FL**

City & State

**LONGWOOD FL**

Zip

**32779**

Country

**USA**

Zip

**32779**

Country

**USA**

4. FEI Number

**39-2042175**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ASHLEY, CHRIS  
6580 NASSAU AVE.  
ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name

**RICHARD STEVEN ASHLEY**

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

**350 GOLF BROOK CIR #206**

City

**LONGWOOD**

FL

Zip Code

**32779**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-9-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **ASHLEY, STEVEN**  
CITY-ST-ZIP **3035 NICOLET DR.  
GREEN BAY WI 54311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **MGRM**  
STREET ADDRESS **ASHLEY, STEVEN**  
CITY-ST-ZIP **350 GOLF BROOK CIRCLE #206  
LONGWOOD FL 32779**

TITLE ☐ Change ☒ Addition  
NAME **ASHLEY, JEANNE**  
STREET ADDRESS **350 GOLF BROOK CIRCLE #206**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**SIGNATURE REQUIRED**

**2-9-03**

Date

**407.788.1195**

Daytime Phone #

CR2E083 (10/02)