

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000301

1. Entity Name

ZELENKOFKSKE AXELROD CONSULTING, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

101 WEST AVENUE, SUITE 300  
JENKINTOWN PA 19046

Mailing Address

101 WEST AVENUE, SUITE 300  
JENKINTOWN PA 19046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2887857

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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.

SIGNATURE

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/MANAGERS

TITLE MGR  
NAME HIMMELREICH, JANET K  
STREET ADDRESS 101 WEST AVENUE, SUITE 300  
CITY-ST-ZIP JENKINTOWN PA 19046 ☐ Delete

TITLE MM  
NAME FISHMAN, STEVE  
STREET ADDRESS 101 WEST AVENUE, SUITE 300  
CITY-ST-ZIP JENKINTOWN PA 19046 ☐ Delete

TITLE MGR  
NAME LENTZ, GREG  
STREET ADDRESS 101 WEST AVENUE, SUITE 300  
CITY-ST-ZIP JENKINTOWN PA 19046 ☐ Delete

TITLE MGR  
NAME MORRISON, ALAN  
STREET ADDRESS 101 WEST AVENUE, SUITE 300  
CITY-ST-ZIP JENKINTOWN PA 19046 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700003351227--1  
-08/03/00--01091--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-25-00

CR2E083 (5/00)