

2001 UNIFORM BUSINESS REPORT (UBR)

0016983 AF

DOCUMENT # M99000001814

1. Entity Name
CORNERSTONE CONSULTING, LLC

Principal Place of Business
4955 CYPRESS TRACE
TAMPA, FL 33624

Mailing Address
4955 CYPRESS TRACE
TAMPA FL 33624

2. Principal Place of Business

19325 AQUA SPRINGS DR.
Suite, Apt. #, etc.

3. Mailing Address

19325 AQUA SPRINGS DR.
Suite, Apt. #, etc.

City & State
LOTZ, FL

City & State
LOTZ, FL

Zip
33549

Country
USA

Zip
33549

Country
USA

4. FEI Number 65-0911056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DORSETT, STEPHEN M
4955 CYPRESS TRACE DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
19325 AQUA SPRINGS DR.
City LOTZ FL Zip Code 33549

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-01
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME DORSETT, STEPHEN
STREET ADDRESS 4955 CYPRESS TRACE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE ~~MEMBER~~
NAME ~~JAMES M. ANDERSON~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 19325 AQUA SPRINGS DR.
CITY-ST-ZIP LOTZ, FL 33549 ☒ Change ☐ Addition

TITLE MEMBER
NAME JAMES M. ANDERSON
STREET ADDRESS 2676 WALNUT DR.
CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003891423
-03/21/01--01116--002
*****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
CITY-ST-ZIP ☐ Change ☐ Addition

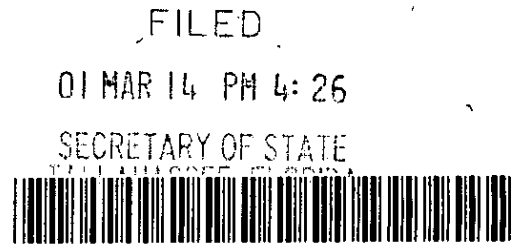
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-10-01
Date

813 909 7707
Daytime Phone #

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE