

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-01-2002 90032 037 ****61.25

DOCUMENT # N01000004202

1. Entity Name

A.N.S. CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

**2100 N 9TH AVE
PENSACOLA FL 32503**

**2100 N 9TH AVE
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3725702

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOUGH, BRUCE
2100 N 9TH AVE
PENSACOLA FL 32503**

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)

03/10/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** **GOUGH, BRUCE** *Pres* ☐ Delete
NAME
STREET ADDRESS **2100 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** **GOUGH, YOUNG** *Treasurer* ☐ Delete
NAME
STREET ADDRESS **2100 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** **GOUGH, ANN** ☒ Delete
NAME
STREET ADDRESS **2100 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** **MELEI, STEVEN** ☒ Delete
NAME
STREET ADDRESS **3803 MOBILE HWY**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** **LE, HAI** *VP* ☐ Delete
NAME
STREET ADDRESS **85 W BANK EXPY #E**
CITY-ST-ZIP **GRETN LA 70053**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Richard Alvord** *Secretary*
STREET ADDRESS **238 Intendencial St**
CITY-ST-ZIP **Pensacola, FL. 32503**

TITLE ☐ Change ☒ Addition
NAME **Gerald Short** *Member of Board*
STREET ADDRESS **5080 Black St**
CITY-ST-ZIP **Milton, FL. 32583**

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

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres **Bruce Gough**
3/10/02 **8504298866**

Date

Daytime Phone #

CR2E037 (9/01)