## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000000036

Entity Name: CONSUMERS OF PROFESSIONAL SERVCIES, INC.

FILED Aug 29, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	NROE ST. SSEE, FL 3230	01				
Current Mailing Address:			New Mailing Address:			
	NROE ST. SSEE, FL 3230	01				
FEI Number: 59-2775368 FEI Number Applied For ( )		FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	, KARA NROE ST. SSEE, FL 3230	01				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPST () PEARCE, CECI 1430 PIEDMON TALLAHASSEE	IT DR. E	Title: Name: Address: City-St-Zip:	PEARCE, CEC	CES FERRY ROAD, SUITE 2240	
Title: Name: Address: City-St-Zip:	DV () SANFORD, PAU 106 S. MONRO TALLAHASSEE	E ST.	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () HAWKEN, ROB 320 W. PARK A TALLAHASSEE	VE.	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL P. SANFORD DV 08/29/2003