

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05893

1. Entity Name

**NATIONAL ASSOCIATION OF BUSINESS CONSULTANTS, IN  
CORPORATED**

Principal Place of Business

4752 MILE STRETCH  
HOLIDAY FL 34690

Mailing Address

9438 US HIGHWAY 19  
#101  
PORT RICHEY FL 34668

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

59-2440865

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

LIVINGSTON, SANDY  
13004 DANIA STREET  
HUDSON FL 34667

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

5-21-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BRADLEY, CHRISTOPHER  
STREET ADDRESS 13000 DANIA STREET  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE VTD ☐ Delete  
NAME KESTER, LINDA  
STREET ADDRESS 930 NORTH OHIO STREET  
CITY-ST-ZIP GREENVILLE OH 45331

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

TITLE SMD ☐ Delete  
NAME WILSON, ANGELA  
STREET ADDRESS 7725 ILEX DRIVE  
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete  
NAME POINDEXTER, ALLEN  
STREET ADDRESS 7135 BEACHDALE COURT  
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete  
NAME KISTLER, STAN  
STREET ADDRESS 1725 TUMBLEWEED  
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ORIGINAL FILE REQUIRED**  
SANDY LIVINGSTON 5-21-02 727-919-2210

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91185 031 \*\*\*\*70.00

80123717



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)