## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am & Secretary of State DOCUMENT # P0000007373 1. Entity Name 05-22-2002 90261 034 \*\*\*150.00 BASE 2 CONSULTING, INC. Principal Place of Business Mailing Address 10600 FOURTH STREET NORTH 10600 FOURTH STREET NORTH APT. 1004 APT, 1004 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address 7421 114m Ave 7421 11474 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #204 #204 City & State City & State 4. FEI Number Applied For FL LARGO FL 59-3623885 LARGO Not Applicable Zip 33773 337<u>773</u> Country USA Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name =\}\A:\:\:\:\:\=--H HALL, DANIEL H Box Number is Not Acceptable) 10600 FOURTH STREET NORTH APT. 1004 ST. PETERSBURG FL 33716 City PETERSBURG 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. 4-29-2002 SIGNATURE d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete OWNER ☐ Addition HALL, DANIEL H NAME NAME DANIEL H. #H STREET ADDRESS 10600 FOURTH STREET NORTH, APT. 1004 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33716 CITY-ST-ZIP PETERSBURG, FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

EQUILDAMEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

FILED