

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90150 008 ***150.00

DOCUMENT # P00000009774

1. Entity Name
DTT CONSULTING, INC.

Principal Place of Business

14633 ASTINA WAY
ORLANDO FL 32837

Mailing Address

14633 ASTINA WAY
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3144 HANGING MOSS CIRCLE

Suite, Apt. #, etc.

3144 HANGING MOSS CIRCLE

City & State

KISSIMMEE, FL

City & State

KISSIMMEE FL

Zip

34741

Country

US

Zip

34741

Country

US

4. FEI Number

58-2520035

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **YOUNGBLOOD, CHRIS**
STREET ADDRESS **14633 ASTINA WAY**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
NAME **YOUNGBLOOD, BONNIE**
STREET ADDRESS **14633 ASTINA WAY**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **YOUNGBLOOD, CHRIS**
STREET ADDRESS **3144 HANGING MOSS CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **S** ☒ Change ☐ Addition
NAME **YOUNGBLOOD, BONNIE**
STREET ADDRESS **3144 HANGING MOSS CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

13. 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 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.

SIGNATURE:

Bonnie Youngblood
SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

(407) 932 4427

Daytime Phone #

CR2E034 (9/01)