

2002 UNIFORM BUSINESS REPORT (UBR)

0041320 AV

DOCUMENT # P00000015599

1. Entity Name

LEGISLATIVE HSITORY CONSULTANTS, INC.

FILED

02 JUN 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

503 N. RIDE
TALLAHASSEE FL 32303

Mailing Address

503 N. RIDE
TALLAHASSEE FL 32303

2. Principal Place of Business

215 South Monroe St.
Suite, Apt. #, etc.
Suite 201

3. Mailing Address

Post Office Box 1701
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3488703

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32302

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRON, MARK
503 N. RIDE
TALLAHASSEE FL 32303

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	<input type="checkbox"/> Delete
NAME	HERRON, MARK	
STREET ADDRESS	503 N. RIDE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	51.25 - AR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10.00 - ARARTS	
CITY-ST-ZIP		
TITLE	88.75 - ARSURP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400.00 - GRA	
CITY-ST-ZIP		
TITLE	5.00 - ARELECT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/02 850-567-4878
Date Daytime Phone #

CR2E034 (9/01)