

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90068 030 ***150.00

034495

DOCUMENT # P00000022978

1. Entity Name

FRED JOHN BUSINESS CONSULTANTS, INC.

Principal Place of Business

**1809 PRINCETON LAKES DR., #404
 BRANDON FL 33511**

Mailing Address

**1809 PRINCETON LAKES DR., #404
 BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

1708 W. KATHLEEN ST

SOME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

/

Zip **33607**

Country

FLORIDA

Zip

/

Country

/

4. FEI Number

65-1027238

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN, FRED

**1809 PRINCETON LAKES DR., #404
 BRANDON FL 33511**

**1708 W. KATHLEEN ST
 TAMPA, FL 33607**

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

4/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Delete
 NAME **JOHN, FRED**
 STREET ADDRESS **1809 PRINCETON LAKES DR., #404**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **PST** ☒ Change ☐ Addition
 NAME **JOHN, FRED**
 STREET ADDRESS **1708 W. KATHLEEN ST**
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED JOHN

Date

4/24/01

Daytime Phone #

CR2E034 (10/00)