FILED May 03, 2004 08:00 AM Secretary of State CR2E034 (10/03) No Cha-P Applied For Not Applicable \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE DATE <u>U00000154707</u> 05/05/04-80007-025 [50.00

2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P00000026336 1. Entity Name U.S. BUSINESS CONSULTANTS INC. Principal Place of Business Mailing Address 2305 SANDRALA DRIVE 2305 SANDRALA DRIVE SARASOTA, FL 34231 SARASOTA, FL 34231 04302004 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0991055 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HARKAY, PETER L 2305 SANDRALA DRIVE SARASOTA, FL 34231 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARKAY, PETER L NAME STREET ADDRESS 2305 SANDRALA DR CITY-ST-ZIP SARASOTA, FL 34231 TITLE

> DO NOT WRITE IN THIS SPACE

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 607, 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP une NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-S1-ZIP

Peter L. Harkay

4-30-04 941 924-3816

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR