

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90599 001 ***158.75

DOCUMENT # P00000030960

1. Entity Name

CEREBUS CONSULTING, INC.

Principal Place of Business

Mailing Address

~~2704 REW CIRCLE SUITE 105~~
~~OCOE FL 34761~~

~~2704 REW CIRCLE SUITE 105~~
~~OCOE FL 34761~~

2. Principal Place of Business

3. Mailing Address

4600A Montgomery Blvd NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

Suite 205

City & State

City & State

Albuquerque, NM

Albuquerque, NM

Zip

Country

Zip

Country

87109

USA

87109

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, E. NICHOLAS III
2704 REW CIRCLE SUITE 105
OCOE FL 34761

Name

Thomas Crane

Street Address (P.O. Box Number is Not Acceptable)

5780 Grande Reserve Way
#1401

City

Naples, FL

FL

Zip Code

34110

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, E. NICHOLAS III	
STREET ADDRESS	2704 REW CIRCLE SUITE 105	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	President	<input type="checkbox"/> Delete
NAME	Jeffrey J. Lunsford	
STREET ADDRESS	204 Tierra Del Sol, NW	
CITY-ST-ZIP	Alb, NM 87114	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Karl J. Baehr	
STREET ADDRESS	8116 San Francisco, NE	
CITY-ST-ZIP	Alb, NM 87109	
TITLE	Exec. Vice President	<input type="checkbox"/> Delete
NAME	Edward E. Hanson	
STREET ADDRESS	7212 Quail Hollow Lane, NE	
CITY-ST-ZIP	Alb, NM 87109	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James Pat Scott	
STREET ADDRESS	303 12th Street SW	
CITY-ST-ZIP	Alb, NM 87102	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Ian J. Bailey	
STREET ADDRESS	10912 Brocas NW	
CITY-ST-ZIP	Alb, NM 87114	

TITLE		<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		
TITLE		<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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01
 Date

505-837-0630
 Daytime Phone #