

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042762

1. Entity Name

2 CONSULT, INC.

Principal Place of Business

258 E. ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701

Mailing Address

258 E. ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

1000

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORTIJO, VAIDAL
13221 GROVEVIEW WAY
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

CORTIJO, VAIDAL

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFB
W BRYAN Fisher
978 ENGLISH TOWN LAKE #210
WINTER SPRINGS, FL 32708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JACK LEE POIRINE
2118 PARK AVENUE
SANFORD, FL 32771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

W BRYAN Fisher

3/30/01 407-265-7682

Date

Daytime Phone #

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90288 038 ***150.00

A0040313



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3643568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0041477