FILED
Jul 02, 2002 8:00 am
Secretary of State
05-29-2002 93622 001 ****15.00
05-29-2002 93622 002 ***135.00

37536

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045696

1. Entity Name
SBI BUSINESS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
6550 FIRST AVENUE NORTH ST. PETERSBURG FL 33710	P.O. BOX 66719 ST. PETERSBURG BEACH FL 33736

2. Principal Place of Business	3. Mailing Address
286 107th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Treasure Island FL	City & State
Zip: 33706 Country: USA	Zip / Country

4. FEI Number 59-3692258 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIEFNER, JOHN R JR
150 2ND AVE. NORTH, SUITE 1500
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
146 2nd St. N Suite 300
City St. Petersburg FL Zip Code 33701

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST TOWNE, ALYN 6050 FIRST AVE N SAINT PETERSBURG FL 33710 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Towne, Alyn 286 107 Ave Treasure Island FL 33706 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Alyn Towne Alyn Towne President 1/18/02 (727) 384-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #