

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045981

1. Entity Name  
S.T.B. CONSULTING, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90043 006 \*\*\*150.00

0285548

Principal Place of Business  
4411 BEACON CIRCLE  
SUITE 1A  
WEST PALM BEACH FL 33407

Mailing Address  
4411 BEACON CIRCLE  
SUITE 1A  
WEST PALM BEACH FL 33407

2. Principal Place of Business  
410 PHILIPPE BRIAN 205 WORTH AVE  
SUITE 307C  
PALM BEACH FLORIDA  
33480

3. Mailing Address  
C/O PHILIPPE BRIAN  
205 WORTH AVENUE  
SUITE 307C  
PALM BEACH FLORIDA  
33480



DO NOT WRITE IN THIS SPACE

4. FEI Number  
APPROVED FOR

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

6. Name and Address of Current Registered Agent  
BRIAN, PHILIPPE J  
4411 BEACON CIRCLE  
SUITE 1A  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent  
Name PHILIPPE J. BRIAN  
Street Address (P.O. Box Number is Not Acceptable)  
205 WORTH AVENUE  
SUITE 307C  
City PALM BEACH FL Zip Code 33480

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 Philippe J. Brian DATE 04-25-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	D TEALE-BASTIE, SANDRA 6606 VILLA SONRISA DRIVE APT 921 BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SANDRA TEALE-BASTIE 119 ADOBE CIRCLE JUPITER FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILIPPE J. BRIAN 205 WORTH AVENUE SUITE 307C PALM BEACH FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Philippe J. Brian Secretary 04/25/01 (561) 8351111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)