

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047651

1. Entity Name
CURRENT CONSULTING, INC.

APPROVED
AND
FILED

02 FEB 18 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2058 SHEFFIELD AVE.
MARCO ISLAND FL 34145

Mailing Address
2058 SHEFFIELD AVE.
MARCO ISLAND FL 34145

2. Principal Place of Business
171 ROSEDALE TOWER RD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 474
Suite, Apt. #, etc.

City & State
CHATTahoochee FL
Zip
32324-00

City & State
CHATTahoochee FL
Zip
32324-0474
Country
USA

4. FEI Number
59-3655077

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRULLINGER, MICHAEL A
2058 SHEFFIELD AVE.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
TAUWLINGER, MICHAEL A.
Street Address (P.O. Box Number is Not Acceptable)
171 ROSEDALE TOWER RD.
City
CHATTahoochee FL Zip Code
32324

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 MICHAEL A. TAUWLINGER P Michael A. Tauwlinger FEB 18 2002
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRULLINGER, MICHAEL A	
STREET ADDRESS	2058 SHEFFIELD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	TRULLINGER, RAMONA	
STREET ADDRESS	2058 SHEFFIELD AVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUWLINGER, MICHAEL A.	
STREET ADDRESS	171 ROSEDALE TOWER RD.	
CITY-ST-ZIP	CHATTahoochee, FL 32324	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUWLINGER, RAMONA	
STREET ADDRESS	171 ROSEDALE TOWER RD.	
CITY-ST-ZIP	CHATTahoochee, FL 32324	
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: MICHAEL A. TAUWLINGER MICHAEL A. TAUWLINGER FEB 18 2002 850-294-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0507614 AV

CR2E034 (9/01)