

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-04-2001 90172 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047960

1. Entity Name
WASSABA CONSULTING, INC.

Principal Place of Business Mailing Address
3624 NW 97 BLVD 3624 NW 97 BLVD
GAINESVILLE FL 32606 GAINESVILLE FL 32606

- 48093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3624 NW 97 Blvd same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Gainesville FL FL 59-3666278 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32606 USA \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DORN, THOMAS C Name
3624 NW 97 BLVD Street Address (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32606 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 DATE **4-25-01**
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	Thomas Dorn 3624 NW 97 Blvd Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Date **4-26-01** (352) 378-4770
Signature, typed or printed name of signing officer or director Date Day/In Phone #

CR2E034 (10/00)