

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90089 008 ***158.75

DOCUMENT # P00000052327

1. Entity Name

INVITATION CONSULTANTS, INC.



Principal Place of Business

3608 W. AZEELE STREET
SUITE 102
TAMPA FL 33609

Mailing Address

3608 W. AZEELE STREET
SUITE 102
TAMPA FL 33609

2. Principal Place of Business

3608 W. Azeele Street

Suite, Apt. #, etc.

#103 suite

City & State

Tampa, FL

Zip

33609

Country

3. Mailing Address

3608 W. Azeele Street

Suite, Apt. #, etc.

#103 Suite

City & State

Tampa, FL

Zip

33609

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3649531

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISVER DE MEULDER, ALLISON C
3734 LONGSHIP PLACE
TAMPA FL 33607

7. Name and Address of New Registered Agent -

Name

Allison C De Meulder

Street Address (P.O. Box Number is Not Acceptable)

9511 West Park Village Drive

City

Tampa

FL

Zip Code

33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amir C Krasinski

2/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KISVER DE MEULDER, ALLISON C**
STREET ADDRESS **3734 LONGSHIP PLACE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **S** ☐ Delete
NAME **DE MEULDER, OLIVIER M**
STREET ADDRESS **3734 LONGSHIP PLACE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9511 West Park Village Drive**
CITY-ST-ZIP **Tampa FL 33626**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

Date

813 879-3748

Daytime Phone #

CR2E034 (10/02)