2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000057599**

1. Entity Name
MAASSEN CONSULTING, INC.

Principal Place of Business	Mailing Address
4003 S WESTSHORE BLVD, #2508	4003 S WESTSHORE BLVD, #2508
TAMPA FL	TAMPA FL
33611	33611

2. Principal Place of Business	3. Mailing Address
4003 S WESTSHORE BLVD, #2101	4003 S WESTSHORE BLVD, #2101
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33611 Country:	Zip: 33611 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3655830** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARSHALL JENNIFER
4003 S WESTSHORE BLVD, #2508
TAMPA FL
33611

7. Name and Address of New Registered Agent

Name
MARSHALL JENNIFER
Street Address (P.O. Box Number is Not Acceptable)
4003 S WESTSHORE BLVD, #2101
City
TAMPA **FL** Zip Code 33611

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 ____________________ 04/30/2001
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, 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

TITLE	ST	☐ Delete
NAME	MARSHALL RHONDA	
STREET ADDRESS	5772 S KINGSTON WAY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	P	☐ Delete
NAME	MARSHALL JENNIFER	
STREET ADDRESS	4003 S WESTSHORE BLVD, #2508	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	☒ Change ☐ Addition
NAME	MARSHALL RHONDA	
STREET ADDRESS	7835 S. NIAGRA WAY	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	P	☒ Change ☐ Addition
NAME	MARSHALL JENNIFER	
STREET ADDRESS	4003 S WESTSHORE BLVD, #2101	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Jennifer Marshall P 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #