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FILED
Jul 18, 2001 8:00 am
Secretary of State
05-16-2001 90191 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059101

1. Entity Name
EFI CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
~~8100 PARK BLVD STE 41A~~ ~~PINELLAS PARK FL 33781~~	~~8100 PARK BLVD STE 41A~~ ~~PINELLAS PARK FL 33781~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 INDUSTRIAL PARK Suite, Apt. #, etc.	101 INDUSTRIAL PARK Suite, Apt. #, etc.
City & State: MARLED TREE, AR	City & State: MARLED TREE, AR
Zip: 72365 Country: USA	Zip: 72365 Country: USA

4. FEI Number: 59-3664099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BECKON, WEIR E~~ ~~8100 PARK BLVD STE 41A~~ ~~PINELLAS PARK FL 33781~~	Name: WEIR BECKON Street Address (P.O. Box Number is Not Acceptable) 4020 PARK ST. N #201 City: ST. PETERSBURG, FL Zip Code: 33709

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: WEIR BECKON (Signature, required 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WEIR BECKON 4020 PARK ST N #201 ST PETERSBURG FL 33709 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY WEIR BECKON ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E084 (10/00)

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: [signature] 4/25/01 870 3584440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #