

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91153 032 ***150.00

DOCUMENT # P00000066121
1. Entity Name
 R & A CONSULTING SERVICES INC.

Principal Place of Business
 Mailing Address
 PO BOX 550632
 Jacksonville FL 32255

768814

2. Principal Place of Business
 7352 Old Kings Road S.
 Suite, Apt. #, etc.
 Jacksonville FL
 City & State
 Jacksonville FL
 Zip
 32217
 Country
 U.S.A.

3. Mailing Address
 PO Box 550632
 Suite, Apt. #, etc.
 Jacksonville FL 32255
 City & State
 Jacksonville FL 32255
 Zip
 32255
 Country
 U.S.A.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Maria A. Eslick
 7352 Old Kings Road
 Jacksonville FL 32217

7. Name and Address of New Registered Agent
 Name
 Maria A. Eslick
 Street Address (P.O. Box Number is Not Acceptable)
 7352 Old Kings Road
 Jacksonville
 City
 FL Zip Code
 32217

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 Maria A. Eslick **DATE** May 30/01
(Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW! 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	<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	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Maria A Eslick
STREET ADDRESS	7352 Old Kings Road
CITY-ST-ZIP	Jacksonville FL 32217
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	U Maria Yimena Rojas
STREET ADDRESS	7352 Old Kings Road
CITY-ST-ZIP	Jacksonville FL 32217
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Maria Cristina Romeo
STREET ADDRESS	7352 Old Kings Road
CITY-ST-ZIP	Jacksonville FL 32217
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 no 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: Maria A. Eslick **DATE** May 30/01 **Daytime Phone #** 904-349 4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)