

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # ~~P~~00000066121

1. Entity Name

R & A Consulting Services ✓

05-20-2002 90236 001 \*\*\*150.00

05-20-2002 90236 002 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11239 Caboose Ct.

Suite, Apt. #, etc.

3. Mailing Address

11239 Caboose Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59365748-6

Applied For

Not Applicable

Zip

32257

Country

U.S.A.

Zip

32257

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maria A. Eslick

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

11239 Caboose Ct

Jacksonville

City

FL

Zip Code

32257

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	Maria A. Eslick
STREET ADDRESS	11239 caboose ct
CITY - ST - ZIP	Jacksonville FL 32257
TITLE	V
NAME	Maria Ximena Rojas
STREET ADDRESS	220 Slowe Ave apt 2c
CITY - ST - ZIP	Orange Park 32073
TITLE	S
NAME	Maria C. Romero
STREET ADDRESS	8090 Atlantic Blvd apt F29
CITY - ST - ZIP	Jacksonville FL 3221
TITLE	
NAME	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Alexandra Eslick

4/26/02 94880-8380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)