

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000066501**1. Entity Name
AXISSPIN CONSULTING CORPORATION

Principal Place of Business	Mailing Address
1044 BLACKBERRY LN	P.O. BOX 600825
JACKSONVILLE FL 32259	JACKSONVILLE FL 322600825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3657096

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAVILES RALPH
1044 BLACKBERRY LNJACKSONVILLE FL
32259**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 _____ **02/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	TACHER ROBERT D	
STREET ADDRESS	2041 WATER CREST DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	D	<input type="checkbox"/> Delete
NAME	AVILES RALPH	
STREET ADDRESS	1044 BLACKBERRY LN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER ROBERT D	
STREET ADDRESS	2041 WATER CREST DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES RALPH	
STREET ADDRESS	1044 BLACKBERRY LN	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

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		

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 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: Ralph Aviles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PTD 02/09/2001

Date

Daytime Phone #

CR2E034 (11/00)