

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000066501

FILED  
Apr 13, 2002 8:00 AM  
Secretary of State

**Entity Name:** AXISSPIN CONSULTING CORPORATION

**Current Principal Place of Business:**

1044 BLACKBERRY LN  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600825  
JACKSONVILLE, FL 322600825

**New Mailing Address:**

**FEI Number:** 59-3657096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVILES, RALPH  
1044 BLACKBERRY LN  
JACKSONVILLE, FL 32259

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: AVILES, RALPH  
Address: 1044 BLACKBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VSD ( ) Delete  
Name: TACHER, ROBERT D  
Address: 2041 WATER CREST DR  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RALPH AVILES

P

04/13/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date