## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068323  1. Entity Name E-DOC CONSULTING, INC.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  OI OCT 22 PM 1: 18			
Principal Place 208 32ND ST BRADENTON								
Principal Place of Business     3. Mailing Address				_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		. City & State		4.	4. FEI Number Applied For Not Applied			]
Zip	Country	Zip (	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registere	d Agent		1
til issi i	7101440		Name					
	THOMAS C		Street Addre	ss (P.O. 8	Box Number is Not Acceptable)		-	1_
208 32ND ST NW Bradenton Fl 34205								
			City		F	L Zip Code	e	
9. This corporate filling in	Signature, typed or printed name of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	d title if applicable. (NOTE: Re	gistered Agent signature red FEE IS \$550.00 001 Fee will be \$7	uired when re		\$5.0	0 May Be	-
·	<u> </u>		<del></del>		DOCTIONS (OLIANIOSO TO OSSIGNOSO AN	(D. SUBFOTOR)	7.11.44	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, THOMAS C 208 32ND ST NW BRADENTON FL 34205	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	DITIONS/CHANGES TO OFFICERS AI	Change	Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		600004665 -11/06/01 ****150.00	Change 9066- 01057( ****15	Addition 13 317 50.00	188
TITLE -NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		AD	☐ Change	☐ Addition	
13. I hereby of indicated of the corr	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower.	nis filing does to quality for the rue and accurate and that my si- rered to execute this report as r	exemption stated in ignature shall have to equired by Chapter	Section he same I	119.07(3)(i), Florida Statutes. I further clegal effect as if made under oath; that	ertify that the in	formation or director Block 12 if	

X10 18 01 Q41.746.1332



Tax Preparation & Accounting Consultant

Ben Cooper, Enrolled Agent 30 Years Experience P.O. Box 1177 Holmes Beach, FL 34218

3909 East Bay Drive, Suite 110 Holmes Beach, FL 34217 (941) 778-6118 FAX (941) 778-6230 email: bcooper@coastalweb.net

October 17, 2001

Mr. Andy Dunlap Document Specialist Supervisor Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Ref: E-Doc Consulting, Inc.

Doc # P00000068323 EIN # 65-1026070

Dear Mr. Dunlap:

Thank you for taking the time to talk with me today regarding the above account. We appreciate your help in resolving this matter.

Per our discussion, this account did not receive the original document and we had written to you on 7-20-01 for assistance in getting this resolved, but apparently you never got the letter.

Therefore, per our discussion, we are enclosing the completed form and a check for \$150.00. This should settle this issue and we are taking steps to keep this from occurring again.

Again, thanks for your help.

Sincerely yours,

Ben A Cooper E.A

President

/bc

copy: E-Doc Consulting, Inc.