

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 044 ***150.00

DOCUMENT # **P60000068901**

1. Entity Name
ETJ Consulting, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4000 Emerald Coast Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

4000 Emerald Coast Pkwy
 Suite, Apt. #, etc.

City & State

Destin FL

Zip
32541

Country
USA

City & State

Destin FL

Zip
32541

Country
USA

4. FEI Number

591-3604775

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0075007

6. Name and Address of Current Registered Agent

Dana Matthews
Matthews & Hawkins PA
607 Hwy 98 East
Destin FL 32541

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PST/D**
 NAME **JOHNSON, Edward**
 STREET ADDRESS **307 OCEOLA COVE**
 CITY-ST-ZIP **NICEVILLE, FL 32578**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Johnson 04/18/01 8506547211

Date

Daytime Phone #

CR2E034 (11/00)