

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

043651 AV

**DOCUMENT # P00000106728**

1. Entity Name

**ANSAM CONSULTING GROUP, INC.**

03-20-2002 90037 012 \*\*\*150.00

Principal Place of Business

**16015 EAGLE RIVER WAY  
TAMPA FL 33624**

Mailing Address

**16015 EAGLE RIVER WAY  
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

**17639 ARCHLAND PASS RD 17639 ARCHLAND PASS ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LUTZ FL**

City & State

**LUTZ FL**

4. FEI Number

**59-3682130**

Applied For

Not Applicable

Zip

**33558**

Country

**Hillsborough**

Zip

**33558**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KHMARIN, ROSTISLAV  
16015 EAGLE RIVER WAY  
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

**KHMARIN ROSTISLAV**

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

**17639 ARCHLAND PASS ROAD**

City

**LUTZ**

FL

Zip Code

**33558**

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 **R. Khmarin Rostislav Khmarin PSD 3/18/02** DATE

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, 2002 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	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSTISLAV, KHMARIN</b>	
STREET ADDRESS	<b>16015 EAGLE RIVER WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
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	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSTISLAV, KHMARIN</b>	
STREET ADDRESS	<b>17639 ARCHLAND PASS ROAD</b>	
CITY-ST-ZIP	<b>LUTZ, FL 33558</b>	
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: **R. Khmarin Rostislav Khmarin PSD 3/18/02 (813)-968-8543**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)