

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106728

1. Entity Name

ANSAM CONSULTING GROUP, INC.

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 &amp; State

LUTZ FL

City &amp; State

LUTZ FL

4. FEI Number

59-3682130

Applied For

Not Applicable

Zip

33558

Country

Hillsborough

Zip

33558

Country

Hillsborough

6. Name and Address of Current Registered Agent

KHMARIN, ROSTISLAV  
16015 EAGLE RIVER WAY  
TAMPA FL 33624

Name

Khuarin Rostislav

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

17639 ARCHLAND PASS ROAD

City

LUTZ

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. Khuarin Rostislav Khuarin PSD 3/18/02

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 State10. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME ROSTISLER, KHMARIN  
STREET ADDRESS 16015 EAGLE RIVER WAY  
CITY-ST-ZIP TAMPA FL 33624 DeleteTITLE PSD  
NAME ROSTISLAV, KHMARIN  
STREET ADDRESS 17639 ARCHLAND PASS ROAD  
CITY-ST-ZIP LUTZ, FL 33558 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
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: R. Khuarin Rostislav Khuarin PSD 3/18/02 (813) 968-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

593451  
AV

CR2E034 (9/01)