


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90714 025 ***150.00

DOCUMENT # P00000110776 ✓	
1. Entity Name Everett Consulting Corp	

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11039521

2. Principal Place of Business 611 Ponce De Leon Suite, Apt. #, etc. #8 City & State Fort Lauderdale FL Zip 33316 Country US		3. Mailing Address 757 SE 17th St Suite, Apt. #, etc. #249 City & State Fort Lauderdale FL Zip 33316 Country US		4. FEI Number 65-1057206	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name John J Everett	
	Street Address (P.O. Box Number is Not Acceptable) 611 Ponce de Leon dr #8	
	City Fort Lauderdale	FL Zip Code 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **John J Everett President** **4/30/2003**
(NOTE: Registered Agent signature required when (re)registering) **DATE**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
P John J Everett Fort Lauderdale FL 33316	

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John J Everett** **4/30/2003** **(954) 523-1987**
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)