

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90363 002 ***150.00

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DOCUMENT # P00000115406

1. Entity Name
D.F. CONSULTANTS, INC.

Principal Place of Business
14274 LAUREL TR
WELLINGTON FL 33414

Mailing Address
14274 LAUREL TR
WELLINGTON FL 33414

2. Principal Place of Business
9000 SHERIDAN ST

3. Mailing Address
1044 CASTELLO DR

Suite, Apt. #, etc.
STE #136

Suite, Apt. #, etc.
#106 - ASHLEY

City & State
PEMBROKE PINES FL

City & State
NAPLES FL 34103

Zip Country
33024 USA

Zip Country
34103 USA

4. FEI Number **06-1604720**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STETLER, RONALD L ESQ
8889 PELICAN BAY BLVD, STE 300
NAPLES FL 34108

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
 NAME **ASHLEY, WAYNE C**
 STREET ADDRESS **1101 ROSEMARY CT, #A-104**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DP** ☐ Delete
 NAME **DUFFEY, WILLIAM**
 STREET ADDRESS **9000 SHERIDAN STREET #136**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **N REX ASHLEY**
 CITY-ST-ZIP **1044 CASTELLO DR #106**
NAPLES FL 34103

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rex Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 9412617200

CR2E034 (9/01)