

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 07, 2002 8:00 am**  
**Secretary of State**

01-07-2002 90003 029 \*\*\*150.00

US32408 AV

**DOCUMENT # P01000000474**  
 1. Entity Name  
**SKILLED CONSULTING, INC.**

Principal Place of Business 12648 NW 13 CT. SUNRISE FL 33323	Mailing Address 12648 NW 13 CT. SUNRISE FL 33323
--	--



2. Principal Place of Business 9881 NW 5th Court Suite, Apt. #, etc.	3. Mailing Address 9881 NW 5th Court Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State Plantation FL	City & State Plantation, FL	4. FEI Number 65-1063036	Applied For Not Applicable
Zip 33324	Country USA	Zip 33324	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  
**HARNDEN, DEBORAH A DR**  
 12648 NW 13 CT.  
 SUNRISE FL 33323

7. Name and Address of New Registered Agent  
 Name  
**Dr. Deborah A. Harnden**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9881 NW 5th Court**  
 City  
**Plantation, FL** Zip Code  
**33324**

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 Dr. Deborah A. Harnden Dr. Deborah A. Harnden 1/4/02  
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 State**

10. 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS HARNDEN, DEBORAH A DR 12648 NW 13 CT. SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Deborah A Harnden 9881 NW 5th Court Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: Dr. Deborah A. Harnden Deborah A. Harnden 1/4/02 954 816-5545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #