

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90142 036 ***150.00

DOCUMENT # P01000004025

1. Entity Name
PWM CONSULTING, INC.



Principal Place of Business
**845 C. MACLAREN DR. NORTH
PALM HARBOR FL 34684**

Mailing Address
**845 C. MACLAREN DR. NORTH
PALM HARBOR FL 34684**



2. Principal Place of Business
6612 ROSEMONT CT
Suite, Apt. #, etc.

3. Mailing Address
6612 ROSEMONT CT
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NEWPORT RICHEY, FL

City & State
NEWPORT RICHEY, FL

4. FEI Number **59-3689473**

Applied For
 Not Applicable

Zip **34655** Country **USA**

Zip **34655** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MABBATT, PATRICIA W
845 C. MACLAREN DR. NORTH
PALM HARBOR FL 34684**

Name
Street Address (P.O. Box Number is Not Acceptable)
6612 ROSEMONT CT
City **NEWPORT RICHEY** FL Zip Code **34655**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MABBATT, PATRICIA W 845 C. MACLAREN DR. NORTH PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MABBATT, PATRICIA W 6612 ROSEMONT CT NEWPORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Mabbatt** **PATRICIA MABBATT**
DIRECTOR/PRES **727-372-3975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)