

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90048 014 ***150.00

0414605 AV

DOCUMENT # P01000013352

1. Entity Name
LEARNING2SEE CONSULTING CORPORATION

Principal Place of Business
4326 HAWKS NEST DRIVE
LUTZ FL 33549
33558

Mailing Address
4326 HAWKS NEST DRIVE
LUTZ FL 33549
33558



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3699844**

Applied For
 Not Applicable

Zip
33558

Country

Zip
33558

Country

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

HIMEBAUGH, MARC S
4236 HAWKS NEST DRIVE
LUTZ FL 33549
33558

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

FL 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 *[Signature]* **Marc S Himebaugh, President** **3/28/02**
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 ☐ Delete
 NAME **D HIMEBAUGH, MARC S**
 STREET ADDRESS **4236 HAWKS NEST DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549-33558**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **zip chg: 33558**

TITLE ☐ Delete
 NAME **D HIMEBAUGH, COLLEEN P**
 STREET ADDRESS **4236 HAWKS NEST DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549 33558**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **zip chg. 33558**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]* **MARC S HIMEBAUGH** **(813) 297-4428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)