FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90516 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027036

1. Entity Name
H & M CONSULTING, INC.

11004050

Principal Place of Business
8763 NW 35 ST
CORAL SPRINGS, FL 33064

Mailing Address
8763 NW 35 ST
CORAL SPRINGS, FL 33064

2. Principal Place of Business		3. Mailing Address	
2104 BELMONT LANE		2104 BELMONT LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N. LAUDERDALE FL		City & State: N. LAUDERDALE FL	
Zip: 33068	Country: USA	Zip: 33068	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1091855 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MAURER, L.J.
8763 NW 35 ST
CORAL SPRINGS, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 2104 BELMONT LANE

City: N. LAUDERDALE FL Zip Code: 33068

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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MAURER, LAURIE J		NAME		
STREET ADDRESS	8763 NW 35 ST		STREET ADDRESS	2104 BELMONT LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33064		CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #