

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90738 029 \*\*\*158.75

DOCUMENT # **P01000034539**

1. Entity Name

**CORNWELL CONSULTING COMPANY, INC**

**BU123417**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1287 PRINCE CT.**

3. Mailing Address

**1287 PRINCE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**HEATHROW, FL.**

City & State

**HEATHROW, FL**

4. FEI Number

**59-3711623 122012**

Applied For

Not Applicable

Zip

**32746**

Country

**USA**

Zip

**32746**

Country

**USA**

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

7. Name and Address of Current Registered Agent

Name

**STUART RUBINSTEIN**

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

**1287 PRINCE COURT**

City

**HEATHROW**

FL

Zip Code

**32746**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**PRESIDENT  
LAVERNE RUBINSTEIN  
1287 PRINCE CT  
HEATHROW FL 32746**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TREASURER  
STUART RUBINSTEIN  
1287 PRINCE CT  
HEATHROW FL 32746**

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stuart Rubinstein*

**STUART RUBINSTEIN**

**5/20/02**

**407-444-0544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**