

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90294 040 ***150.00

DOCUMENT # P01000037061

1. Entity Name

KAVANAGH CONSULTING, INC.

Principal Place of Business

111 SE 11TH STREET

C

FORT LAUDERDALE FL 33316-1029

US

Mailing Address

111 SE 12TH STREET

C

FORT LAUDERDALE FL 33316

2. Principal Place of Business

1320 S.W. 19th ST.

Suite, Apt. #, etc.

3. Mailing Address

1320 S.W. 19th ST.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33486

Country

U.S.A

Zip

33486

Country

U.S.A

4. FEI Number

65-1096057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, MICHAEL E

111 SE 12TH STREET

C

FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

CLARE KAVANAGH GASKILL

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

1320 S.W. 19th ST.

City

BOCA RATON

FL

Zip Code

33486

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

Clare Kavanagh Gaskill

04/28/2002

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

TITLE **KAV. PRESIDENT** ☐ Delete
 NAME **CLARE KAVANAGH GASKILL**
 STREET ADDRESS **1320 S.W. 19th ST.**
 CITY-ST-ZIP **FL-BOCA RATON 33486**

TITLE **Secretary/Treasurer** ☐ Delete
 NAME **CLARE KAVANAGH GASKILL**
 STREET ADDRESS **1320 S.W. 19th ST.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Clare Kavanagh Gaskill 04/28/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-305-0979

CR2E034 (9/01)