

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90473 004 ***150.00

DOCUMENT # P01000041714

1. Entity Name
CARLSSON CONSULTING GROUP, INC.



Principal Place of Business
5415 LAKE HOWELL RD #248
WINTER PARK FL 32792

Mailing Address
5415 LAKE HOWELL RD #248
WINTER PARK FL 32792

60022001



2. Principal Place of Business
735 Primera Blvd
Suite, Apt. #, etc. **#150**

3. Mailing Address
735 Primera Blvd
Suite, Apt. #, etc. **#150**

☒ CHECK HERE IF MAKING CHANGES

City & State
Lake Mary, FL
Zip **32746** Country **USA**

City & State
Lake Mary
Zip **FL** Country **32746**

4. FEI Number **59-3735656** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS-CARLSSON, ANITA
5415 LAKE HOWELL RD #248
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name **ANITA LEWIS-CARLSSON**
Street Address (P.O. Box Number is Not Acceptable)
735 Primera Blvd
#150
City **Lake Mary** **FL** **32746**

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 *Anita Carlsson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-03
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEWIS-CARLSSON, ANITA**
STREET ADDRESS **5415 LAKE HOWELL RD #248**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Principal** ☒ Change ☐ Addition
NAME **ANITA LEWIS-CARLSSON**
STREET ADDRESS **735 Primera Blvd #150**
CITY-ST-ZIP **LAKE MARY, FL 32746**

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

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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: *Anita Lewis-Carlsson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 407-805-0529
Date Daytime Phone #

CR2E034 (10/02)