

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business  
735 Primera Blvd

3. Mailing Address  
735 Primera Blvd

Suite, Apt. #, etc.

#150

Suite, Apt. #, etc.

#150

City & State  
Lake Mary, FL

City & State  
Lake Mary

Zip 32746

Country USA

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  
Trust Fund Contribution.  \$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

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  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)

2003  
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2003