

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000048574**

1. Entity Name
ITC CONSULTING INC.

Principal Place of Business

**PO BOX 37251
TALLAHASSEE FL 32315**

Mailing Address

**PO BOX 37251
TALLAHASSEE FL 32315**

2. Principal Place of Business

P.O. Box 37251

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 37251

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

City & State

Tallahassee, FL.

Zip

32315

Country

Leon

Zip

32315

Country

Leon

6. Name and Address of Current Registered Agent

LONGMIRE, WADE

3216 NEKOMA LN., APT. A

TALLAHASSEE FL 32304

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Alfred Brown SR.

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

721 Eugenia Street

City

Tallahassee

FL

Zip Code

32310

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 **Alfred Brown Sr.**

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

Alfred Brown Sr.

(NOTE: Registered Agent signature required when reinstating)

9/08/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** NAME **LONGMIRE, WADE III** ☐ Delete
STREET ADDRESS **PO BOX 37251**
CITY-ST-ZIP **TALLAHASSEE FL 32315**

TITLE **VP** NAME **BROWN, ALTON** ☒ Delete
STREET ADDRESS **3216 NEKOMA LANE, APT. A**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **D** NAME **LONGMIRE, VERONICA** ☐ Delete
STREET ADDRESS **PO BOX 37251**
CITY-ST-ZIP **TALLAHASSEE FL 32315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **S** NAME **Longmire, Veronica** ☒ Change ☐ Addition
STREET ADDRESS **P.O. Box 37251**
CITY-ST-ZIP **Tallahassee, FL 32315**

TITLE **VP** NAME **Longmire, Veronica** ☒ Change ☐ Addition
STREET ADDRESS **P.O. Box 37251**
CITY-ST-ZIP **Tallahassee, FL 32315**

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

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

TITLE ☐ Change ☐ Addition
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)(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: **Wade Longmire III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/08/02
Date

(850) 509-1306
Daytime Phone #

CR2E034 (4/02)