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FILED
May 28, 2002 8:00 am
Secretary of State
03-27-2002 90021 004 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055536

1. Entity Name
INTERNATIONAL CONSULTING LOGIC, INC.

Principal Place of Business	Mailing Address
4104 4014 N.E. 21 AVE. FT. LAUDERDALE FL 33308	4104 4014 N.E. 21 AVE. FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4104 NE 21st Ave	4104 NE 21st Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33308 Country	Zip: 33308 Country

4. FEI Number: 65-1102431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOND, KAREN 4014 N.E. 21 AVE. FT. LAUDERDALE FL 33308	Name: BOND, KAREN Street Address (P.O. Box Number is Not Acceptable): 4104 NE 21 AVE City: Ft. LAUDERDALE FL Zip Code: 33308

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: Karen Bond 3/4/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOND, KAREN ~~4014 N.E. 21 AVE.~~ 4104 NE 21st AVE FT. LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURTON, PAUL 6895 BRANDON MILL RD. ATLANTA GA 30328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCDONALD, PAM 129 COBBLESTONE LANE HOOVER AL 35244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED 3/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #