


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 PM 1:28

DOCUMENT # P01000064999	
1. Entity Name consultative Trance Consulting Services, Inc.	
P01000064999	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. 753B Pointe East		Suite, Apt. #, etc. P.O. Box 11013		
City & State Tallahassee, FL		City & State Tallahassee, FL		
Zip 32308	Country Leon	Zip 32302	Country Leon	4. FEI Number
				Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Dr. Ike Gibson, Jr. (Sole Proprietor)	
	Street Address (P.O. Box Number is Not Acceptable)	
	753B Pointe East	
	City Tallahassee	FL Zip Code 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Dr. Ike Gibson, Owner/Director (Sole Proprietor) 753B Pointe East Apartment Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900020778339 06/11/03--01048--019 **75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900020778339 06/11/03--01048--020 **75.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

CR2E034B (12/02)

(850)488-0415