## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 30, 2002 8:00 am Secretary of State P01000073647 DOCUMENT # 07-17-2002 90114 041 \*\*\*150 00 1. Entity Name OLD SCHOOL CONSULTING, INC. Principal Place of Business 40055 Mailing Address 2458 ST. JOHNS LANE 2458 ST. JOHNS LANE MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINOR, WILLIAM A JR Street Address (P.O. Box Number is Not Acceptable) 2458 ST. JOHNS LANE **MELBOURNE FL 32935** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE. ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (4/02 NAME MINOR, WILLIAM R JR NAME STREET ADDRESS 2458 ST. JOHNS LANE STREET ADDRESS CITY\_ST-71P **MELBOURNE FL 32935** CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME MINOR, SUZANNE C NAME STREET ADDRESS 2458 ST. JOHNS LANE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP - □ Delete - ~ · 🖃 · Change ~ 🗕 🖃 Addition NAME NAME STREET ADDRESS 3. 3. 3 STREET ADDRESS CITY-ST-ZIP WHAT IN THE CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Attachment # PO1000073647

OLD SCHOOL CONSULTING. 40055

2458 St. Johns LN Melbourne, Fl 32935 321-253-4097 bminor@cfl.rr.com

July 10, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327——
Tallahassee, Florida 32314—

Dear Ms. Harris,

Please accept my payment of \$150 for the uniform business report filing. I realize it is late according to your records but not having ever filed this report before and not remembering ever have received this notice prior I hope you accept this payment.

Understand that being a first time filer and a new corporation that I certainly would have mailed the payment requested on time when I received the notice.

Thanks in advance for your understanding.

Sincerely,

William R. Minor

President