

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 93589 010 \*\*\*150.00

**DOCUMENT # P01000075545**

**1. Entity Name**  
**TOWNSEND CONSULTING, INC.**

**Principal Place of Business**      **Mailing Address**  
**314 MAGNOLIA RD**      **314 MAGNOLIA RD**  
**ANNA MARIA FL 34216**      **ANNA MARIA FL 34216**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
**PO Box 4138**      **PO Box 4138**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**314 Magnolia Avenue**      **314 Magnolia Avenue**  
 City & State      City & State  
**ANNA MARIA, FL**      **ANNA MARIA, FL**  
 Zip      Zip      Country      Country  
**34216**      **34216**      **FL**      **FL**

**4. FEI Number**      **Applied For**  
**65-1136476**      **Not Applicable**  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HOROWITZ, GREGG M**  
**1800 2ND ST, STE 890**  
**SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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** \_\_\_\_\_  
 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**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOROWITZ, GREGG M</b>	
STREET ADDRESS	<b>1800 2ND STREET, STE 890</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<del>President</del>	<input type="checkbox"/> Delete
NAME	<del>JAMES L. TOWNSEND</del>	
STREET ADDRESS	<del>PO Box 4138</del>	
CITY-ST-ZIP	<del>314 Magnolia Ave, Anna Maria, FL 34216</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES L. TOWNSEND</b>	
STREET ADDRESS	<b>PO Box 4138</b>	
CITY-ST-ZIP	<b>314 Magnolia Ave, Anna Maria, FL 34216</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **1/22/2002**      **678-283-4068**  
 Date      Daytime Phone #

CR2E034 (9/01)