

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90026 003 ***150.00

DOCUMENT # P01000075699

1. Entity Name

STAFF DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

% 20101 PADDOCK ST.
 ORLANDO FL 32833

% 20101 PADDOCK ST.
 ORLANDO FL 32833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3758147

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

MULLER, JOYCE
 434 EMORY OAK ST.
 ORLANDO FL 34761

← incorrect address
 Ocoee, FL 34761

Name: Muller, Joyce
 Street Address (P.O. Box Number is Not Acceptable):
 434 Emory Oak St.

City: Ocoee FL Zip Code: 34761

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete
 NAME: MULLER, JOYCE
 STREET ADDRESS: 434 EMORY OAK ST.
 CITY-ST-ZIP: OCOEE FL 34761

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

TITLE: V ☐ Delete
 NAME: FLESHMAN, KAREN G
 STREET ADDRESS: 20101 PADDOCK ST.
 CITY-ST-ZIP: ORLANDO FL 32833

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

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
 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:

Joyce Muller Joyce Muller

4-21-02

Date

Daytime Phone #

CR2E034 (9/01)