

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90072 010 ***150.00

DOCUMENT # P01000080222

1. Entity Name

MAB CONSULTING SERVICES CORP.

Principal Place of Business

Mailing Address

**266 WOODBRIDGE DRIVE
 GENEVA FL 32732**

**266 WOODBRIDGE DRIVE
 GENEVA FL 32732**

2. Principal Place of Business

3. Mailing Address

3922 Valencia Lane

3922 Valencia Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3735683

Applied For

Not Applicable

Zip

32817

Country

Orange

Zip

32817

Country

Orange

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREMMER, MARK
 266 WOODBRIDGE DRIVE
 GENEVA FL 32732**

Name

Street Address (P.O. Box Number is Not Acceptable)

3922 Valencia Lane

City

Orlando

FL

Zip Code

32817

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

Mark Bremmer

21 FEB 2002

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.

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**\$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 | DPTS BREMMER, MARK A 266 WOODBRIDGE DRIVE GENEVA FL 32732 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3922 Valencia Lane Orlando, FL 32817 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BREMMER, PAMELA 266 WOODBRIDGE DRIVE GENEVA FL 32732 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3922 Valencia Lane Orlando, FL 32817 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Mark Bremmer

21 FEB 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)