

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91729 016 ***558.75

DOCUMENT # P01000083511

1. Entity Name

GARFIELD CONSULTING, INC.

Principal Place of Business

**PO BOX 12313
 NAPLES FL 34101**

Mailing Address

**PO BOX 12313
 NAPLES FL 34101**

2. Principal Place of Business

800 Spring Valley Rd

3. Mailing Address

P.O. Box 685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Winter Park, FL

Zip

82714

Country

Seminole

Zip

32790

Country

Orange

4. FEI Number

59-3739295

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOWNES, KEITH E
 7138 MILL RUN CIRCLE
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Keith E. Downes

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

800 Spring Valley Rd.

City

Altamonte Springs FL

Zip Code

32790

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



Keith Downes

5-7-02

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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change

☐ Addition

**P
 DOWNES, KEITH E
 PO BOX 12313
 NAPLES FL 34101**

**800 Spring Valley Rd.
 Altamonte Springs, FL 32790**

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-02 407-389-5708

Date

Daytime Phone #

CR2E034 (9/01)