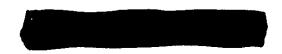
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100093822 1. Entity Name MARK BARBEE CONSULTING INC. Principal Place of Business 100 PIERCE STREET APT 501 CLEARWATER FL 33756 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Zip Country Country

FILED Jul 30, 2002 8:00 am Secretary of State

07-08-2002 90227 016 ***150.00

_ 40147



Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State		1		FEI Number 374624	5		pplied For ot Applicable		
Zip		Country	Zip	Count				Certificate of Status Desired	1 \$	\$8.75 Additional Fee Required		
		7. Name and Address of New Registered Agent										
DADOFF		Name	1				·					
BARBEE, 100 PIERO		Street Add	iress (I	P.O. E	Box Number is Not Acceptable)	<u></u>						
	TER FL 33	* = =				<u> </u>	-					
r					City			FL Zip Code			ie	
	named entity tions of regist		ne purpose of changing its	register	ed office or re	gister	ed ag	ent, or both, in the State of Florida.	I am fa	miliar with,	, and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature	beniuper	when re	einstating)	DATE			
Tax filing requirement and elects to do so. After September					!! FEE IS \$550.00 i, 2002 Fee will be \$75 ile to Department of Si			10. Election Campaign Financin Trust Fund Contribution.				
11.	12.		T	ΑD	DITIONS/CHANGES TO OFFICERS	AND D	DIRECTOR	S IN 11				
NAME STREET ADDRESS CITY-ST-ZIP D BARBEE, MARK 100 PIERCE STREET APT 501 CLEARWATER FL 33756			☐ Delete	Delete TITLE NAME STREE CITY-		l'				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delata		1				[Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	-	e surrente per per per per per per per per per pe	Delete			i				Change	☐ Addition	
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NAME STREET ADORESS CITY-ST-ZIP			☐ Delete			:			(Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADORESS ST-ZIP	1				Change	Addition	
indicated	ertify that the on this repor	information supplied with this t or supplemental report is tru	s tiling does not qualify for t e and accurate and that my	ne exer / signat	nption stated ure shall have	ın Sec the sa	tion 1 ame le	l 19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; th	r certify nat I am	that the in an officer	nformation or director	

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: MOUNDILLE FAMIRICARDEE

3 July 02 727.467.0824

Daytime Phone #

A Ha Chment

Polosoo 93822/40147 2 July 02

This was my 1st year as a Comparation of near necessed and notification alguarding any money owd.

When I reselled in to your Mice to bay I was told to write this letter and Send a Chein for \$150.00

> Thank you Mark Berlie Pup.