

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90304 033 \*\*\*150.00

DOCUMENT # *P01000094328*

1. Entity Name

Principal Business Consultants, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1050 Lenox Park Blvd

Suite, Apt. #, etc.  
6115

City & State  
Atlanta, GA

Zip  
30319

Country  
USA

3. Mailing Address  
1050 Lenox Park Blvd

Suite, Apt. #, etc.  
6115

City & State  
Atlanta, GA

Zip  
30319

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
58-2654116

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Owner: Michelle Wetula  
1050 Lenox Park Blvd 6115  
Atlanta, GA 30319

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michelle Wetula*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

*1-20-03*

DAYTIME PHONE #

*404-822-0241*

CR2E034B (12/02)