

4/11/

FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90027 031 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096488

1. Entity Name
FL RE CONSULTING, INC.

Principal Place of Business
**10 LESLEY LANE
OLDSMAR FL 34677**

Mailing Address
**10 LESLEY LANE
OLDSMAR FL 34677**

170 JOANNE PLACE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
170 JOANNE PLACE

3. Mailing Address
170 JOANNE PLACE

Suite, Apt. #, etc.
OLDSMAR FLORIDA

City & State
OLDSMAR FLORIDA

City & State
OLDSMAR FLORIDA

4. FEI Number
59-3748599

Applied For
 Not Applicable

City & State
OLDSMAR FLORIDA

Zip
34677

Country
USA

Zip
34677

Country
USA

5. Certificate of Status Desired **\$9.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SALEM, EDWARD
10 LESLEY LANE
OLDSMAR FL 34677**

170 JOANNE PLACE

7. Name and Address of New Registered Agent
Name
SALEM EDWARD

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

OLDSMAR

City
FL

Zip Code
34677

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 Ed Salem (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PRESIDENT	EDWARD SALEM	170 JOANNE PLACE	<input type="checkbox"/>
		OLDSMAR FL	34677	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 EDWARD SALEM Date 4/01/02 Daytime Phone #

CRE034 (9/01)