

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90823 017 \*\*\*150.00

**DOCUMENT # P01000096808**

1. Entity Name  
**FLASH CONSULTANT SERVICES, INC.**



Principal Place of Business  
**10703 OUT ISLAND DR.  
TAMPA FL 33615**

Mailing Address  
**10703 OUT ISLAND DR.  
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2345391**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGUIRE, WILLIAM A  
10703 OUT ISLAND DR.  
TAMPA FL 33615**

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

**FILE NOW! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>PCEO MCGUIRE, WILLIAM A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>10703 OUT ISLAND DR. TAMPA FL 33615</b>	
TITLE NAME	<b>V MCGUIRE, SALLY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>10703 OUTR ISLAND DR TAMPA FL 33615</b>	
TITLE NAME	<b>V WILLIAM, MCGUIRE J</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1005 LEISURE AVE TAMPA FL 33613</b>	
TITLE NAME	<b>V JULIE, KLEKA</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>9320 N ASHLEY ST TAMPA FL 33612-7920</b>	
TITLE NAME	<b>V WILLIAM, KLEKA</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>9320 N ASHLEY ST TAMPA FL 33612-7520</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>William McGuire J</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>10703 Out Island Dr Tampa, FL 33615</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William McGuire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/03  
Date

Daytime Phone #

CR2E034 (10/02)