2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097035

1. Entity Name

RD CONSULTING GROUP INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90473 043 ***150.00

				}						
Principal Place of Business 3001 S OCEAN DR 110 HOLLYWOOD FL 33019			Mailing Address 3001 S OCEAN DR 110 HOLLYWOOD FL 33019		<i>,</i> •					
		T-1-1-								
2. Principal F	Place of Busine	ss	3. Mailing Address	3. Mailing Address			s looninger ist ooini tibit ooilt ooilt bot	ik Ba nk a ibink 1 00 1	1 88186 HIEL BIH 188	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI	Number 65-1144120	F	Applied For Not Applicat	
Zip		Country	Zip C		ntry 5. Certificate		tificate of Status Desired [5 Additional	
<u> </u>	6. Name a	nd Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent					
DENNIGO	N BON	. > -			Name		·	torea Agent	·	
DENNISON, RON 3001 S OCEAN DR 11Q				Street Addres		(P.O. Box Number is Not Acceptable)				
	OD FL 33019			-		·	* ***			
- 12 %				City				FL Zip	Code	
8. The above	named entity s	ubmits this statement	for the purpose of changing i	ts registered	d office or registere	ed agent,	or both, in the State of Florida.		with, and accer	
the obligat	ions of registere	ed agent.	- .						,	
SIGNATURE.		printed name of registered ager	nt and title if applicable. (NC	OTE: Registered A	Agent signature required	when reinstat	ing)	DATE		
After Make Check	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department	of State				9. Election Campaign Financir Trust Fund Contribution.	~ _ ,	\$5.00 May Be Added to Fees	
10.	Р	OFFICERS ANI		11.		ADDITI	ONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 11	
TITLE	DENNISON,	RON:	☐ Delete	TITLE NAME				☐ Cha	ange 🔲 Additio	
STREET ADDRESS	DORESS 3001 S OCEAN DR 11Q		-		ADDRESS .					
TITLE		-	☐ Delete	TITLE			·	Cha	ange 🔲 Additio	
NAME STREET ADDRESS				NAME					-	
CITY-ST-ZIP				CITY-ST	ADDRESS T-ZIP					
TITLE	Control of Section Co.	-	Delete	TITLE				Cha	inge Addition	
NAME STREET ADDRESS				NAME				_	_	
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NAME Street address				NAME					· –	
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VAME STREET ADDRESS				NAME						
CITY-ST-ZIP				STREET A						
ITLE	·		☐ Delete	TITLE				Char	nge 🔲 Addition	
IAME				NAME					An Throught	
TREET ADDRESS				STREET A	I					
12. I hereby ce indicated of the corp.	oration or the re	ceiver or trustee emo	n this filing does not qualify fo strue and accurate and that rowered to execute this report with all other like empowered	se required	tion stated in Sect	tion 119.0 ime legal Florida Str	7(3)(i), Florida Statutes. I furthe effect as if made under oath; th atutes; and that my name appe	er certify that t nat I am an off ears in Block 1	he information icer or director 0 or Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

954-448 - 893

Daytime Phone #

501 +501510