

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90145 017 \*\*\*150.00

**DOCUMENT # P01000098962**

1. Entity Name  
**J. PAPPAS CONSULTING INC.**

Principal Place of Business  
**2355 BENT TREE RD #211**  
**PALM HARBOR FL 34623**

Mailing Address  
**2355 BENT TREE RD #211**  
**PALM HARBOR FL 34623**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2710 AH. 19 N**

3. Mailing Address  
**2710 AH. 19 N**

Suite, Apt. #, etc.  
**SUITE 304**

Suite, Apt. #, etc.  
**SUITE 304**

City & State  
**PALM HARBOR, FL**

City & State  
**PALM HARBOR, FL**

4. FEI Number  
**37-1420430**

Applied For  
☐ Not Applicable

Zip  
**34683**

Country  
**PINELAS**

Zip  
**34683**

Country  
**PINELAS**

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

6. Name and Address of Current Registered Agent

**PAPPAS, ALICE**  
**2355 BENT TREE RD #211**  
**PALM HARBOR FL 34623**

7. Name and Address of New Registered Agent

Name  
**JENNIFER PAPPAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2355 BENT TREE RD #2211**  
 City  
**PALM HARBOR** **FL** Zip Code  
**34683**

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 **Jennifer Pappas**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-24-02**

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	DP PAPPAS, ALICE 2355 BENT TREE RD #211 PALM HARBOR FL 34623 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAPPAS, JENNIFER 2355 BENT TREE RD #211 PALM HARBOR FL 34623 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **JENNIFER PAPPAS** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-02**

Date

Daytime Phone #

**(727) 781-1611**

CR2E034 (9/01)