## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90600 030 \*\*\*150.00

DOCU 1. Entity Nar BUS/	IMENT # POI 000 WESS IN TELL 10 CONSULTING,	GENCE			01-21-2003 906	000 030 ***150.00	
DO NOT WRITE IN THIS SPACE					90007521		
2. Principal I	Place of Business 7 SW 15± S+.	3. Mailing Address 9757 Su	1 15th St.				
Suite, Apt	<del>/ 9 - 1 / / / /                              </del>	Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN TH	fis space	
City & Sta	te -ation, FL	City & State	on FL	4. FEIN	umber /15-0-/-6.0	Applied For Not Applicable	7
. Zip	Country	zip 3 3 3 2 4	Country US A		icate of Status Desired	\$8.75 Additional Fee Required	
				7. Name a	and Address of Current Register		4
المعيق المعيق	DO NOT WI	DITE	Name	Villian	n Scott Hy	, Hon	
g .			Street Ad	dress (P.O. Box N	umber is Not Acceptable) /		
<b></b>	IN THIS SP	ACE *	97	57 54	J 1st St.		
			City P1	Plantation FL 33324			
8. The above	named entity submits this statement for	the purpose of changing its	registered office or i	registered agent, c	or both, in the State of Florida. I a		
SIGNATURE	itions of registered agent. I q m  William  Signature, typed or printed name of registered agent ar	S. Hylt	Royistored Agent signatur		1/16	103	
	nnuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of \$	* .			. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	IRECTORS		<u>i</u>			٦
TITLE NAME	PSTD HYLTON, WILLIA	m 5.	NAME .			3	12/02
STREET ADDRESS	HYLTON, WILLIA 9757 SW 15+ 5+.		STREET ACCRESS				4B (
OTY-ST-ZIP	Plantation, FL	<u> 33324                                  </u>	OTY-ST-ZIP	<del> </del>			E034
NAME			NAME				CR2
STREET ACCHESS  CITY ST-ZIP			STREET ACCRESS	e and the state of	ay ( Table 1 State 1 State ) .	أعينا والمعدد المعادد المعلق	
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TITLE			TITLE "		IN THIS SPA	7CE	
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CITY-ST-ZIP			OTY-ST-ZIP		·		
TITLE NAME '	• 4.•	_	TITLE NAME	٠		1 to 12	1
STREET ADDRESS		•••	SIFEET ADDRESS	•			
CITY-ST-ZIP	·		OTY-ST-ZIP	* *		4 4 14 1	ļ
TILE	İ		TITLE			7 -	

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.

STREET ADDRESS

SIG	NAT	<b>TUR</b>	E:

NAME STREET ADDRESS

CITY-ST-ZIP