

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109844

1. Entity Name

KEEP IT SIMPLE CONSULTING INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

03-07-2002 90054 033 ***150.00

FC09016 AV

Principal Place of Business
 12155 SE 112TH AVE RD.
 BELLEVUE FL 34420

Mailing Address
 12155 SE 112TH AVE RD.
 BELLEVUE FL 34420



DO NOT WRITE IN THIS SPACE

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

59-3756665

Applied For

Not Applicable

5. Certificate of Status Desired

2

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUMP, MARK A
 12155 SE 112TH AVE RD.
 BELLEVUE FL 34420

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.

SIGNATURE

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

P
 TRUMP, MARK A
 12155 SE 112 AVE RD.
 BELLEVUE PA 34420

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Daytime Phone #

570 752 1507

CR2034 (9/01)

Attachment Page 1 of 1

Main Identity

#P01000109844

From: "mark" <mtrump@gmpexpress.net>
To: <Division of Corporations>
Sent: Thursday, June 13, 2002 11:06 AM
Attach: Mark A Trump (E-mail).vcf
Subject: Ref number P01000109844

I apologize for the error and the delay in the UBR submittal of February 2002.

I have been out of state for some time and the letter was not forwarded to me the regular mail.

I hope that this has not caused a great inconvenience with your office and ask that you not assess penalty since the report and payment was sent (even if incomplete) in accordance with established rules.

I appreciate your patience and consideration in this matter.



Mark Trump
Keep It Simple Consulting Inc.

6/13/2002