

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90121 003 ***150.00

DOCUMENT # P02000010851

1. Entity Name

CLA CONSULTING INC



DO NOT WRITE IN THIS SPACE

10054638

2. Principal Place of Business

12355 TWIN SANDS TRAIL EAST

Suite, Apt. #, etc.

3. Mailing Address

12355 TWIN SANDS TRAIL EAST

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

68-0489008

Applied For

Not Applicable

Zip
32246

Country
DUVAL

Zip
32246

Country
DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CARLIN J ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)

12355 TWIN SANDS TRAIL EAST

City **JACKSONVILLE**

FL

Zip Code
32246

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPT	CARLIN J ANDERSON	12355 TWIN SANDS TRAIL EAST	JACKSONVILLE FL 32246
DS	LISA JO ANDERSON	12355 TWIN SANDS TRAIL EAST	JACKSONVILLE FL 32246

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)