

To:

From: Spiegel &amp; Utrera

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90034 001 \*\*\*150.00

DOCUMENT # P02000047837

1. Entity Name

DRAGONFLY CONSULTING, INC

DO NOT WRITE IN THIS SPACE

24008600

2. Principal Place of Business

13558 BARBERRY DR

Suite, Apt. #, etc.

3. Mailing Address

13558 BARBERRY DR

Suite, Apt. #, etc.

City &amp; State

WELLINGTON, FL

City &amp; State

WELLINGTON, FL

4. FEI Number

02-0595548

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Spiegel &amp; Utrera, P.A.

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

1840 Coral Way, 4th Floor

City

Miami

FL

Zip Code  
33145DO NOT WRITE  
IN THIS SPACE

DE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEO<br>JEANNE PANKRATZ<br>13558 BARBERRY DR<br>WELLINGTON, FL 33414 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>ERIC PANKRATZ<br>13558 BARBERRY DR<br>WELLINGTON, FL 33414     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>GEORGE KOVICH<br>13558 BARBERRY DR<br>WELLINGTON, FL 33414    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JEANNE PANKRATZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE PANKRATZ, Pres. 1/4/2004  
Date

Daytime Phone #

(561) 7907585