2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000049492

1. Entity Name

L MACK CONSULTING, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90164 004 ***158.75

2203 KATANA PL BRANDON FL 33511 2. Principal Place of Business		2203 KA Brando	Mailing Address 2203 KATANA PL BRANDON FL 33511						
2. Principal I	Place of Business	3. Mailing	3. Mailing Address			n (msacada iki malita filmi) datili maliti meliti m	#111 #101# 101f) # 11	110 (0(10 E18E 10 1 E	
Suite, Apt	. #, etc.	Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & S	City & State			4. FEI Number Applied For Ol - 0711 099 Not Applicable			
Zip	Country Zip			Country		Certificate of Status Desired	\$8.75 Ac	dditional	
6. Name and Address of Current Registered Agent					7.1	Name and Address of New Registere			
MACK	ALIDEEN			Name	lame				
	aureen Tana Pl		Street Addr			iress (P.O. Box Number is Not Acceptable)			
	N FL 33511					v			
טונייוט	M (L 300))								
				City		F			
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of	of changing its rec	gistered office of	or registered ag	ent, or both, in the State of Florida. 1 a	m familiar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					70	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICERS AI	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS	D MACK, LAUREEN 2203 KATANA PL		□ Delete	TITLE NAME STREET ADDRESS		-	☐ Change	☐ Addition	
CITY-ST-ZIP	BRANDON FL 33511			CITY-ST-ZIP					
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STREET ADDRESS				NAME STREET ADDRESS					
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: