## **FILED** 2003 FOR PROFIT CORPORATION Mar 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

1. Entity !

Principal I

Zip

JMJ C



03-05-2003 90065 032 \*\*\*150.00

Name	J2000051674	
ONSULTING GROUP,	INC.	
Place of Business	Mailing Address	

851 S.W. 19TH STREET 851 S.W. 19TH STREET **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip



☐ CHECK HERE IF MAKING CHANGES

Country 5. Certificate of Status Desired ---

\$8.75 Additional Fee Required

Zip Code

Applied For Not Applicable

6. Name and Address of Current Registered Agent OSBORNE, R. BRADY JR.

798 South Federal Highway, Suit	E 100
BOCA RATON FL 33432	

Make Check Payable to Florida Department of State

Country\_

Street Addr	ess (P.O. Box Number is N	lot Acceptable)		
		<del>.</del> -	-141	
City			Zin Code	

7. Name and Address of New Registered Agent

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.

11.

Name

SIGNATURE

10.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

DATE

П

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIŤLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

☐ Addition