FILED
Feb 13, 2003 8:00 am
Secretary of State
01-22-2003 90049 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P02000062293

1. Entity Name
ROTHBAUM CONSULTING, INC.

55006654

Principal Place of Business	Mailing Address
7156 QUEENFERRY CIRCLE BOCA RATON FL 33496	7156 QUEENFERRY CIRCLE BOCA RATON FL 33496

2. Principal Place of Business		3. Mailing Address	
551 SE 8th STREET		551 SE 8th STREET	
Suite, Apt. #, etc. SUITE 600		Suite, Apt. #, etc. SUITE 600	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH FL	
Zip 33483	Country PALM BEACH	Zip 33483	Country PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 043682059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUGG, JOSEPH W 100 S ASHLEY DRIVE SUITE 1500 TAMPA FL 33602	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MICHAEL ROTHBAUM [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTGHBAUM, MICHAEL 7156 QUEENFERRY CIR BOCA RATON FL 33496	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROTHBAUM, MICHAEL 17320 ~~Queenf~~ NORTHWAY CIRCLE BOCA RATON FL, 33496	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: MICHAEL ROTHBAUM [signature] 1/16/03 561 266 8426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #