

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90071 006 ***158.75

DOCUMENT # P02000064501

1. Entity Name
A-2 CONSULTING, INC.



Principal Place of Business
1876 N UNIVERSITY DR. STE 101 D
PLANTATION FL 33322

Mailing Address
1876 N UNIVERSITY DR. STE 101 D
PLANTATION FL 33322

2. Principal Place of Business
8400 SUNRISE LAKES BLVD

3. Mailing Address
8400 SUNRISE LAKES BLVD

Suite Apt. #, etc.
211

Suite Apt. #, etc.
211

City & State
SUNRISE FL

City & State
SUNRISE FL

Zip
FL 33322

Country
USA

4. FEI Number
061640586

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GILL, A. WAYNE ESQ.
200 CONGRESS PARK DR, STE 210
DELRAY BCH FL 33445

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROCHFORD, GAYLE 1876 N UNIVERSITY DR, STE 101 D PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROCHFORD, GAYLE 8400 SUNRISE LAKES BLVD STE 211 SUNRISE FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROCHFORD, GAYLE 7/28/03 954-829-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
80134995
P02000064501

A-2 CONSULTING INC.

8400 SUNRISE LAKES BLVD.

STE. 211

SUNRISE, FLORIDA, 33322

954-829-7520

954-578-2148(Fax)

**The Manager
Uniform Business Reports
Division Of Corporations
P.O. Box 1500
Tallahassee
Fl. 32302-1500**

Dear Sir/Madam,

RE: A-2 CONSULTING INC. DOCUMENT # P02000064501
FEI NO: 06 164 0586

I am writing to request a waiver on the late fee due to the fact that this was my first notice received. I am hereby submitting a check in the amount of \$158.75 with the 2003 UBR , which represents the original filing fee of \$150.00 plus \$8.75 for a certificate reflecting my entity's status after filing this report.

I trust that the attached information is satisfactory. Please note that my business address is now changed to the above.

Thanks for your kind consideration.

Yours very truly,


**Gayle Rochford
President**