## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P02000077820 **DOCUMENT #**

1 Entity Name



## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90194 006 \*\*\*158.75

REVOLUTI	ON CONSULTING, INC.		,			02 10 2000 3			
Principal Place of Business Mailing Address 105 SHADY OAK LANE P.O. BOX 8034 PALATKA FL 32178 PALATKA FL 32178									
2. Principal Pi	<del>                                     </del>	3. Mailing Address Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Palatk	a FL	City & State			<b>4.</b> F	4. FEI Number 27-002(a 355   Applied For Not Applicable			
38175	1 USA	Zip	Count	ry		Certificate of Status Desired  Name and Address of New Regis	\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent					Name O1 1 - O - 1				
DOUGLAS, JR., CHARLES T				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
105 SHADY OAK LANE				105	<u> </u>	J. A 14 1			
PALATKA FL 32178				105 Shady Oak Lane					
			ļ	City Po	<u>llatk</u>	Δ	rt 3a	177	
8. The above the obligat	named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered ages	Just. Cho	sles	T. Da	egistered ag	Jr. (T) 2	/11/03		
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 Financ Trust Fund Contribution.	☐ Added	May Be to Fees	
10.		ID DIRECTORS	11,	I.		DDITIONS/CHANGES TO OFFICE	Change	Addition	
TITLE NAME STREET ADDRESS	D Douglas, Jr., Charles T 105 Shady Oak Lane  Palatka Fl 32178	☐ Delete		E (CET ADDRESS	T Charles 105 Sha Palatk	oT. Douglas, Jr. dy oak Lane a, FL 32177	<u> </u>		
CITY-ST-ZIP	TADATION C GETTS	□ Delete	TITLI	.	V	•	☐ Change	Addition	
NAME			NAM	E ,	Samuel	L. Allen ke Weston Dr. #18	a7		
STREET ADDRESS				ET ADDRESS -ST-ZIP	Notand	0 FL 32810	Δ,		
CITY-ST-ZIP		Delete	TITL	_	0	•	☐ Change	Addition	
TITLE NAME		□ Delete	NAM	ie j	cheistic	ne M. Ortiz immoniwealth Ave.			
STREET ADDRESS	* * <u>u</u>				479°C0	mmmwealth it c.			
CITY-ST-ZIP	-			-ST-ZIP	<u>00518</u>	n,MA ozzis	☐ Change	Addition	
TITLE NAME		☐ Delete	TITL	t 1E	Timot	hy M. Giuliani ildflower Ct.			
STREET ADDRESS				EET ADDRESS !-ST-ZIP	GT T	gustine, FL 3al	18/0	ľ	
CITY-ST-ZIP TITLE		Delete	TITL		JI. HU	<del>Just 1116.) 1. 2. Jan</del>	☐ Change	Addition	
NAME			NAM	AE					
STREET ADDRESS				EET ADDRESS			-		
CITY-ST-ZIP		Паш	TITL	r-ST-ZiP			☐ Change	Addition	
TITLE NAME		☐ Delete	NAN						
STREET ADDRESS			STR	eet address					

12. Thereby 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: (

CITY-ST-ZIP