

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90202 010 ***150.00

0403037 AV

DOCUMENT # P02000078574

1. Entity Name
WASHAM CONSULTING GROUP INTERNATIONAL, INC.



Principal Place of Business
**499 EAST PALMETTO PARK ROAD
221
BOCA RATON FL 33432
US**

Mailing Address
**499 EAST PALMETTO PARK ROAD
221
BOCA RATON FL 33432
US**



2. Principal Place of Business
**499 E PALMETTO PK RD
Suite, Apt. #, etc.
221**

3. Mailing Address
**499 E PALMETTO PK RD.
Suite, Apt. #, etc.
221**

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL
Zip
33432
Country
PALM BEACH

City & State
BOCA RATON, FL
Zip
33432
Country
PALM BEACH

4. FEI Number
27-0019384

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHAM, MICHAEL D
499 EAST PALMETTO PARK ROAD
SUITE #221
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
(S/AS LEFT)
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 **(NO CHANGES)** DATE **4/21/03**

**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 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
**P
WASHAM, MICHAEL D
449 EAST PALMETTO PARK ROAD SUITE #221
BOCA RATON FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: **(Signature)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/03** DAYTIME PHONE # **561-347-9808**

CR2E034 (10/02)