FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
Jun 09, 2003 8:00 am
Secretary of State
04-30-2003 90326 009 ***150.00

DOCUMENT # P02000092152

1. Entity Name
ELS Consulting, Inc.

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55046964

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2. Principal Place of Business	3. Mailing Address
3974 Tampa Road	same
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Oldsmar, FL	City & State
Zip 34677 Country USA	Zip Country

4. FEI Number 16-1669566 — X Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bryan A. Kutchins

Street Address (P.O. Box Number is Not Acceptable): 3974 Tampa Road, Suite A

City: Oldsmar FL Zip Code: 34677

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

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	Director Kord A. Kutchins 3974 Tampa Road, Suite A Oldsmar, FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tom W. Clay 3974 Tampa Road, Suite A Oldsmar, FL 34677
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kord Kutchins KORD KUTCHINS 4-28-03 847-275-2174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #