

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90205 047 \*\*\*150.00

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**DOCUMENT # P02000121859**

1. Entity Name  
**EMPLOYEE MANAGEMENT CONSULTANTS, INC.**



Principal Place of Business  
**252 W OLYMPIA AVE  
PUNTA GORDA FL 33950**

Mailing Address  
**252 W OLYMPIA AVE  
PUNTA GORDA FL 33950**



2. Principal Place of Business

**225 W. Virginia Ave.**  
Suite, Apt. #, etc.

3. Mailing Address

**225 W. Virginia Ave.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Punta Gorda, FL**

City & State  
**Punta Gorda, FL**

4. FEI Number **57-113703**

Applied For  
Not Applicable

Zip  
**33950**

Country

Zip  
**33950**

Country

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

6. Name and Address of Current Registered Agent

**KOCH, REXFORD R  
252 W OLYMPIA AVE  
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**225 W. Virginia Ave.**  
City **Punta Gorda** FL Zip **33950**

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

**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	<b>D.P.S.T. Rexford R. Koch 225 W. Virginia Ave. Punta Gorda, FL 33950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.V. James A. Crumbaugh, III 309 Tamiami Trail, Unit 113 Punta Gorda, FL 33950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE

**Rexford R. Koch, Pres** 4/29/03 941-637-0544  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)