FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

May 01, 2003 8:00 am Secretary of State 05-01-2003 90395 019 ***150.00

DOCUMENT # PO2000127433		
PALL CONSULTANTS, INC		
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1	+ W CONSULTANTS,	INC					
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	lace of Business	3. Mailing Address	·				
		6 866 Galf 72 Suite, Apt. #, etc.	6 860 Galffort BLVDS		DO NOT WRITE IN THE	S SDACE	
# 163		# 163		j	DO NOT WRITE IN THIS SPACE		
City & State ST. PETERS BULG FLURIDA		City & State ST. PETERS BURG FLORIDA		1104 4.	FEI Number 16-1642485	Applied For Not Applicable	
Zip 337	707 FOODSA 1	Zip 33707	Country USA		Certificate of Status Desired	\$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent						
	DO NOT W	DITE	Name	TEPH	EN Simone Cfi	4.	
	Street Address (P.			dress (P.O.	P.O. Box Number is Not Acceptable)		
BALL OF BOOK CHARGE	IN THIS SP			701	2.077-00-0		
and the second of the second			City	- 0	. <i>Q</i> . F	Zip Code	
9 The phaye	named entity submits this statement for	the nurrose of changing its r	enistered office or	registered a	As Bee Lg F	- 337/6-8411	
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							
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00				9. Election Campaign Financing	\$5.00 May Be	
	Amended UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
Maxe Check 10.	Payable to Florida Department of V			To seems Care			
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12. I hereby o	ertify that the information supplied with t	his filing does not qualify for the	he exemption state	ed in Section	119.07(3)(i), Florida Statutes. I further co	ertify 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: