

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90109 037 ***150.00

DOCUMENT # P36965

1. Entity Name
MODEL CONSULTING, INC.



Principal Place of Business
ONE GREENWOOD SQUARE
3333 ST RD STE 220
BENSALEM PA 19020
US

Mailing Address
ONE GREENWOOD SQUARE
3333 STREET RD STE 220
BENSALEM PA 19020
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-2597240**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, EDWARD C.
5815 N.W. 25 TERRACE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

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 _____
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PVS MODEL, NEIL J. 19 CREEKSIDE DR. IVYLAND PA		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T MODEL, NEIL J. 19 CREEKSIDE DR. IVYLAND PA		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

Date

Daytime Phone #

CR2E034 (10/02)



Attachment

80056063
#P30965

MODEL CONSULTING, INC.
One Greenwood Square
3333 Street Road, Suite 220
Bensalem, PA 19020
Phone: 215-245-1111
Fax: 215-245-8777

March 11, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is the 2003 Uniform Business Report for Model Consulting, Inc with a check in the amount of \$150.00 for filing fees.

If you have any questions, please call me at 215-245-1111

Yours truly,


Christina Podrost
Administrative Assistant

Enclosure

