2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000005693

1. Entity Name

CONSULTATION AND NEGOTIATION CORPORATION



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90123 039 ***150.00

FILED

Principal Place of Business 22 SLOAN'S CURVE OR. PALM BEACH FL 33480

Mailing Address P. O. BOX 3028 PALM BEACH FL 33480

US												
2. Principal F	Place of Business	3. Mailing Address					!	{	1 8101 11110 1111			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State					4. F	65-0383028		Applied For lot Applicable		
Zip	Country			Zip			Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent								7. N	lame and Address of New Registered	Agent		
						Name !						
MATHESON, WILLIAM Y						Street Address (P.O. Box Number is Not Acceptable)						
22 SLOANS CURVE DR						Street Address (1.9. Box Harrison is Not According)						
PALM BEACH FL 33480								1				
		`		`	City		İ	FI	Zip Coo	de		
8. The above	named entity submits thi	s statement fo	r the purpo	se of changing its re	eaistere	L ed office or	reaistere	diage	ent, or both, in the State of Florida. I am	familiar with	, and accept	
	ions of registered agent.											
CIONIATURE		.79						•				
SIGNATURE	Signature, typed or printed name	of registered agent i	and title if applic	cable. (NOTE:	Registere	d Agent signatu	re required w	hen rei	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ì	Election Campaign Financing. Trust Fund Contribution.	\$5.0 Adde	00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS 11							*****	IADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	
TITLE	D	·	•	☐ Delete	TITLE			;		☐ Change	Addition	
NAME	MATHESON, WILLIAM				NAM	£					,	
STREET ADDRESS CITY-ST-ZIP -	22 SLOAN'S CURVE PALM BEACH FL 334					ET ADDRESS -ST-ZIP		!				
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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 extrustee 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 attachmen

SIGNATURE: