## 0015416 AV

Daytime Phone #

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	MENT # P920	00006034	(OBR)		16 AV
•	CONSULTING, INC.	./		08-11-2003 90288 034 ***550.00	
Principal Place of Business 7123 FOSTER LANE ORLANDO FL 32818 2. Principal Place of Business		Mailing Address 7123 FOSTER LANE ORLANDO FL 32818			
		3. Mailing Address			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	te	City & State		4. FEI Number 59-0155622 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	Name of the second seco	7. Name and Address of New Registered Agent	
			Name		
BITTONG, KARLHEINZ 7123 FOSTER LANE ORLANDO FL 32818			Street Address	(P.O. Box Number is Not Acceptable)	
UKLANDU	) FL 32818		City	FL Zip Code	
	e named entity submits this statement tions of registered agent:	for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE	
After Se	FILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 k Payable to Florida Department	• • • • • • • • • • • • • • • • • • •		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10. 🤞	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D BITTONG, KARLHEINZ 7123 FOSTER LANE ORLANDO FL 32818	Delete .	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Change Addition	ZEUS4 (4/ US)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTONG, ESPERANZA 7123 FOSTER LANE ORLANDO FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	ב כ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	•,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated	Lon this report or supplemental report	is true and accurate and that my	signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if	