

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006835

1. Entity Name

CHILDERS CONSULTING GROUP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90084 039 ***150.00

Principal Place of Business	Mailing Address
7733 W. NEWBERRY ROAD SUITE B-1 GAINESVILLE FL 32606-6725 US	7733 W. NEWBERRY ROAD SUITE B-1 GAINESVILLE FL 32606-6725 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3160475	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANSELMAN, DIANA 309 N.E. 1ST ST. GAINESVILLE FL 32601	Name PAUL AYOUB Street Address (P.O. Box Number is Not Acceptable) 1105 FORT CLARKE BLVD # 1016 City GAINESVILLE FL Zip Code 32606

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.

SIGNATURE Paul Ayoub Paul Ayoub, VP 4/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME CHILDERS, SELDON J. STREET ADDRESS 321 SE 3RD ST CITY-ST-ZIP GAINESVILLE FL <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS PO BOX 90157 CITY-ST-ZIP GAINESVILLE, FL 32607-0157
TITLE VP NAME HANSELMAN, DIANA L. STREET ADDRESS 309 NE 1ST ST CITY-ST-ZIP GAINESVILLE FL <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPT NAME AYOUB, PAUL STREET ADDRESS 6735 NW 36 DR CITY-ST-ZIP GAINESVILLE FL 32653 <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME AYOUB, PAUL STREET ADDRESS 1105 FORT CLARKE BLVD #1016 CITY-ST-ZIP GAINESVILLE, FL 32606
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Ayoub Paul Ayoub, VP 4/6/00 352-331-7380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)