

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90102 040 ***158.75

DOCUMENT # P93000006835

1. Entity Name

CHILDERS CONSULTING GROUP, INC.

Principal Place of Business

7733 W. NEWBERRY ROAD
SUITE B-1
GAINESVILLE FL 32606-6725
US

Mailing Address

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

Zip

Country

4. FEI Number 59-3160475

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYOUB, PAUL
1105 FORT CLARKE BLVD
GAINESVILLE FL 32606

Name

Seldon J. Childers

Street Address (P.O. Box Number is Not Acceptable)

7733 W. Newberry Road

Suite B-1

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

Seldon J. Childers

Seldon J. Childers, President

04-16-01

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$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 PO BOX 90157
CITY-ST-ZIP GAINESVILLE FL 32607-0157

TITLE VPT
NAME AYOUB, PAUL
STREET ADDRESS 1105 FORT CLARKE BLVD #1016
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Cindy B. Falck
STREET ADDRESS 7733 W. Newberry Rd, Suite B-1
CITY-ST-ZIP Gainesville, FL 32606

TITLE T
NAME Joe D. Hughes
STREET ADDRESS 7733 W. Newberry Rd, Suite B-1
CITY-ST-ZIP Gainesville, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Seldon J. Childers

Seldon J. Childers 04-16-01

(352) 331-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)