

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028329

1. Entity Name

B & W CONSULTING, INC.

Principal Place of Business

603 GARLAND CIR
INDIAN ROCKS BCH FL 33783
US

Mailing Address

8668 NAVARRE PKWY
#324
NAVARRE FL 32566-2185
US

2. Principal Place of Business

1800 THE GREENS WAY

Suite, Apt. #, etc.

#705

City & State

JACKSONVILLE BCH FL

Zip

32250

Country

USA

3. Mailing Address

1800 THE GREENS WAY

Suite, Apt. #, etc.

#705

City & State

JACKSONVILLE BCH, FL

Zip

32250

Country

USA

6. Name and Address of Current Registered Agent

MOORE, BETH
2800 PASO DE VIVIZ
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

BETH MOORE

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

1800 THE GREENS WAY #705

JACKSONVILLE BEACH

City

FL

Zip Code

32250

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

BETH MOORE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30TH '00

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, 2000 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

TITLE ☐ Delete
NAME P
STREET ADDRESS MOORE, BETH
CITY-ST-ZIP 603 GARLAND CIR
INDIAN ROCKS BCH FL 33785

TITLE ☐ Delete
NAME VP
STREET ADDRESS SHRAPNEL, CARY
CITY-ST-ZIP 603 GARLAND CIR
INDIAN ROCKS BCH FL 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS MOORE, BETH
CITY-ST-ZIP 1800 THE GREENS WAY #705
JACKSONVILLE BEACH, FL 32250

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS SHRAPNEL, CARY
CITY-ST-ZIP 1800 THE GREENS WAY #705
JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BETH MOORE

Date

Daytime Phone #

April 30TH '00 (904) 543 8712



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)