

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90221 035 ***150.00

DOCUMENT # P93000037751

1. Entity Name
CONSULTING CONCEPTS, INC.

Principal Place of Business

13714 STAMFORD DRIVE
WELLINGTON FL 33414
US

Mailing Address

13714 STAMFORD DRIVE
WELLINGTON FL 33414
US

2. Principal Place of Business

15660 ROLLING MEADOWS CIR

Suite, Apt. #, etc.

3. Mailing Address

15660 ROLLING MEADOWS CIR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

Zip
33414-9047

Country

City & State

West Palm Beach, FL

Zip
33414-9047

Country

4. FEI Number

65-0414316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPILLANE, J P
12788 W. FOREST HILL BLVD.
SUITE 2005
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE
PD
 NAME
GILBERT, ROBERT
 STREET ADDRESS
13714 STAMFORD DRIVE
 CITY-ST-ZIP
WELLINGTON FL

☐ Delete

TITLE
SD
 NAME
GILBERT, BARBARA
 STREET ADDRESS
13714 STAMFORD DRIVE
 CITY-ST-ZIP
WELLINGTON FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

15660 ROLLING MEADOWS CIR
33414

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 **ROBERT B. GILBERT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 **561-798-2003**
 Date Daytime Phone #

CR2E034 (10/00)