FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90737 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70040220

DOCUMENT # P93000046943

1. Entity Name
PADOLL CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
15851 WHITE ORCHID LANE FORT MYERS, FL 33908	15851 WHITE ORCHID LANE FORT MYERS, FL 33908

2. Principal Place of Business	3. Mailing Address
11541 HAMPTON GREENS DR. Suite, Apt. #, etc.	11541 HAMPTON GREENS DR. Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33913. Country:	Zip: 33913 Country:

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0419365 ☐ 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
PADOLL, PATRICIA A 15851 WHITE ORCHID LANE FORT MYERS, FL 33908	Name: PADOLL, PATRICIA A. Street Address (P.O. Box Number is Not Acceptable): 11541 HAMPTON GREEN DRIVE City: FORT MYERS FL Zip Code: 33913

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia A. Padoll 04/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! ONLY $150.00
After May 1, 2003 Fee will be $280.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PADOLL, PATRICIA A ~~15851 WHITE ORCHID LANE~~ 11541 HAMPTON GREENS DR. FORT MYERS, FL ~~33908~~ 33913	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDCO PADOLL, GEORGE E ~~15851 WHITE ORCHID LANE~~ 11541 HAMPTON GREENS DR. FORT MYERS, FL ~~33908~~ 33913	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Padoll 04/10/03 (239) 432-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICIA A. PADOLL