## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DAVIE FL 33328

US

2762 E. ORCHARD CIR

## P93000075632 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2762 E. ORCHARD CIR

DAVIE FL 33328

US

LOTTERY CONSULTING, INC.



**FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90137 035 \*\*\*150.00

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S. Name and Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Zip	Zip Country Zip		Count	ry	5.	Certificate of Status Desired		Additional		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Ad	dress of Current Reg	istered Agent			7.	Name and Address of New Regi	stered Agent		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	I OWDV E		·			Name					
DAVIE FL 33328  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the Size of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or preted reme of registered sperit and title it applicable.   (NOTE, Registered Agent speakwer registered agent, or both, in the Size of Floride. I am familiar with, and accept from one of registered agent.					Ì	Street Address (P.O. Box Number is Not Acceptable)					
Signature in produce printed name of registered agent and title if experiment of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent and title if applicable.    NOTE Registered Agent signature required when remonaturing)   DATE											
5. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common temperature of registered agent and alter applicable.   Change   Addition	DAVIL I L	30020				, , <u>,</u>					
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		certify that the informa	tion supplied with this t	filing does not qualify for			n Section 1	119 07(3)(i) Florida Statutas I fuet	ner certify that th	ne 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:

3-15-03 Date

954-723-0374