

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082917

1. Entity Name
CONSULTANT'S LTD., INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90025 048 ***150.00

Principal Place of Business
3383 TARPON WOODS BLVD
PALM HARBOR FL 34685

Mailing Address
3383 TARPON WOODS BLVD
PALM HARBOR FL 34685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3226602**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MORRIS, BARBARA E
3383 TARPON WOODS BLVD
PALM HARBOR FL 34685

Name **Jack P. Morris**
Street Address (P.O. Box Number is Not Acceptable)
3383 Tarpon Woods Blvd.
City **Palm Harbor, Fl** **FL** Zip Code **34685**

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 *Jack P. Morris*

Jack P. Morris **4/24/01**

(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 **DPT** ☒ Delete
NAME **MORRIS, BARBARA E**
STREET ADDRESS **3383 TARPON WOODS BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Change ☒ Addition
NAME **Jack P. Morris**
STREET ADDRESS **3383 Tarpon Woods Blvd.**
CITY-ST-ZIP **Palm Harbor, Fl 34685**

TITLE **D** ☒ Delete
NAME **MORRIS, JACK**
STREET ADDRESS **3383 TARPON WOODS BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Change ☒ Addition
NAME **Barbara E. Morris**
STREET ADDRESS **3383 Tarpon Woods Blvd.**
CITY-ST-ZIP **Palm Harbor, Fl 34685**

TITLE **DV** ☐ Delete
NAME **THOMANN, JAN MARIE**
STREET ADDRESS **4321 THORNVIEW SR.**
CITY-ST-ZIP **MORROW OH**

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

TITLE **DS** ☒ Delete
NAME **DIXON, JULIE MARIE**
STREET ADDRESS **3417 PEMBROKE PLACE**
CITY-ST-ZIP **BEDFORD TX**

TITLE ☐ Change ☒ Addition
NAME **Julie Marie Laverty**
STREET ADDRESS **2820 Meandering Way**
CITY-ST-ZIP **Bedford, Tx 76021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Jack P. Morris*

Jack P. Morris **4/ 24/ 01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0555543

CR2E034 (10/00)