

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90224 014 \*\*\*150.00

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AV

**DOCUMENT # P93000082917**

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



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  
**1136 Almondwood Dr**

3. Mailing Address  
**1136 Almondwood Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Trinity, FL**

City & State  
**Trinity, FL**

4. FEI Number  
**59-3226602**

Applied For  
Not Applicable

Zip  
**34655** Country  
**U.S.**

Zip  
**34655** Country  
**U.S.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MORRIS, JACK P  
3383 TARPON WOODS BLVD  
PALM HARBOR FL 34685**

**7. Name and Address of New Registered Agent**

Name  
**Jack P. Morris**

Street Address (P.O. Box Number is Not Acceptable)  
**1136 Almondwood Dr.**

**Trinity, FL 34655**

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

SIGNATURE *Jack P. Morris*  
(Signature, typed or printed name of registered agent and title if applicable.)

**4/11/03**

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	<b>DPT MORRIS, JACK P 3383 TARPON WOODS BLVD PALM HARBOR FL 34685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRIS, BARBARA E 3383 TARPON WOODS BLVD PALM HARBOR FL 34685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV THOMANN, JAN MARIE 4321 THORNVIEW SR. MORROW OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS LAVERTY, JULIE MARIE 2820 MEANDERING WAY BEDFORD TX 76021</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT Morris, Jack P. 1136 Almondwood Dr. Trinity, FL 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Morris, Barbara E. 1136 Almondwood Dr. Trinity, FL 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack P. Morris* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/03 727-372-1666**  
Date Daytime Phone #

CR2E034 (10/02)