

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90145 002 ***150.00

DOCUMENT # P94000006911

1. Entity Name

COMMUNITY PROGRAMS CONSULTING, INC.

Principal Place of Business

**206 N.W. DUVAL STREET
 LIVE OAK FL 32060**

Mailing Address

**206 N.W. DUVAL STREET
 LIVE OAK FL 32060**

2. Principal Place of Business

322 NW Houston Ave.

3. Mailing Address

322 NW Houston Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

4. FEI Number

59-3235410

Applied For

Not Applicable

Zip

32064

Country

SWANNAH

Zip

32064

Country

SWANNAH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, GINA R
 206 NW DUVAL ST
 #1808
 LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

Name **EDWARDS, GINA R.**

Street Address (P.O. Box Number is Not Acceptable)
322 NW Houston Ave.

City **Live Oak**

FL

Zip Code **32064**

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 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, 2002 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 **D** ☐ Delete
 NAME **EDWARDS, RICHARD**
 STREET ADDRESS **206 NW DUVAL ST**
 CITY-ST-ZIP **LIVE OAK FL**

TITLE **D** ☐ Delete
 NAME **EDWARDS, GINA**
 STREET ADDRESS **206 NW DUVAL ST**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **EDWARDS, RICHARD**
 STREET ADDRESS **322 NW Houston Ave,**
 CITY-ST-ZIP **Live Oak, FL 32064**

TITLE ☒ Change ☐ Addition
 NAME **EDWARDS, GINA**
 STREET ADDRESS **322 NW Houston Ave**
 CITY-ST-ZIP **Live Oak, FL 32064**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Richard Edwards
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)