

FILED

Jun 26, 2001 8:00 am
Secretary of State

05-18-2001 91575 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025241

1. Entity Name

MAH CONSULTING, INC.

Principal Place of Business

Mailing Address

39119 TUCKER RD
ZEPHYRHILLS FL 33540
USP O BOX 1137
ZEPHYRHILLS FL 33539
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3254081

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

EHNLE, STELLA
733 W. LUMSDEN ROAD
BRANDON FL 33511Name Jennifer M Green
2611 Shilo Ct.
City Valrico FL Zip Code 33594

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

Jennifer M Green Jennifer M Green Sec. 9/30/1

(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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HUPALO, SHARON K	39119 TUCKER RD	ZEPHYRHILLS FL 33540	TS	Jennifer Green	2611 Shilo Ct	Valrico, FL 33594
VP	HUPALO, MICHAEL A	39119 TUCKER RD	ZEPHYRHILLS FL 33540				
D	SCHEID, CATHERINE A	39119 TUCKER RD	ZEPHYRHILLS FL 33540				
TS	SIGNOR, MELISSA D	39119 TUCKER RD	ZEPHYRHILLS FL 33540				

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:

Sharon K. Hupalo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)