2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000031085** Apr 10, 2000 8:00 am Secretary of State ROBERT J. DIETRICK CONSULTING SERVICES, INC. 04-10-2000 90016 044 ***150.00 Principal Place of Business Mailing Address 2018 E BARLINGTON DRIVE 2018 E BARLINGTON DRIVE **DELTONA FL 32725-3369 DELTONA FL 32725** C0055207 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3240774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIETRICK, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 2018 E BARLINGTON DRIVE **DELTONA FL 32725** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE Change TITLE ☐ Delete NAME DIETRICK, ROBERT J NAME STREET ADDRESS STREET ADDRESS 2018 E BARLINGTON DRIVE CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Delete Change Addition TITLE TITLE DIETRICK, MARJORIE A NAME STREET ADDRESS STREET ADDRESS 2018 E BARLINGTON DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TO DIETRICH PRESIDENT 04/04/00 904 789 10 3)

SIGNATURE: Description of the property of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Dayling Phone #

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