

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 25, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000041929****1. Entity Name**

BOTTOM LINE MANAGEMENT AND CONSULTING, INC.

**Principal Place of Business**

4150 LAS PALMAS WAY

SARASOTA  
34238

FL

**Mailing Address**

4150 LAS PALMAS WAY

SARASOTA  
34238

FL

**2. Principal Place of Business**

3207 BENEVA RD

**3. Mailing Address**

3207 BENEVA RD.

**Suite, Apt. #, etc.**

APT. 103

**Suite, Apt. #, etc.**

APT 103

**City & State**

SARASOTA

FL

**City & State**

SARASOTA

FL

**Zip**

34232-451

**Country****Zip**

34232

**Country****4. FEI Number****65-0495668****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

SANCHEZ ALBERT AJR

1133 4TH ST.

SUITE 300

SARASOTA

34236

FL

US

**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**07/25/2000**

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, 2000 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	<input type="checkbox"/> Delete
NAME	CARRION RAFAEL	
STREET ADDRESS	4150 LAS PALMAS WAY	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION RAFAEL	
STREET ADDRESS	3207 BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Rafael Carrion

M: 07/25/2000