

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90107 029 ***150.00

DOCUMENT # P94000041929
1. Entity Name
BOTTOM LINE MANAGEMENT AND CONSULTING, INC.

Principal Place of Business **Mailing Address**
3207 BENEVA RD **3207 BENEVA RD.**
APT. 103 **APT 103**
SARASOTA FL 34232 **SARASOTA FL 34232**



DO NOT WRITE IN THIS SPACE

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 **65-0495668** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
SANCHEZ, ALBERT A JR
1133 4TH ST.
SUITE 300
SARASOTA FL 34236

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) **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CARRION, RAFAEL	STREET ADDRESS	NAME		
CITY-ST-ZIP	3207 BENEVA RD.	CITY-ST-ZIP	STREET ADDRESS		
	SARASOTA FL 34232		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	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: *[Signature]* **SIGNATURE REQUIRED** *3-11-01* *X941-953-2788*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)