

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90655 009 \*\*\*150.00

**DOCUMENT # P94000041929**

1. Entity Name:  
**BOTTOM LINE MANAGEMENT AND CONSULTING, INC.**



Principal Place of Business

~~3207 BENEVA RD~~

~~APT. 103~~

~~SARASOTA FL 34232~~

Mailing Address

~~3207 BENEVA RD.~~

~~APT. 103~~

~~SARASOTA FL 34232~~

2. Principal Place of Business

**4103 Woodview Dr.**

3. Mailing Address

**4103 Woodview Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

**SARASOTA FL**

Zip

**34232**

Country

**USA**

Zip

**34232**

Country

**USA**

6. Name and Address of Current Registered Agent

**SANCHEZ, ALBERT A JR**

~~4133 4TH ST.~~

~~SUITE 300~~

~~SARASOTA FL 34236~~

4. FEI Number

**65-0495668**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

**RAFAEL CARRION**

Street Address (P.O. Box Number is Not Acceptable)

**4103 Woodview Drive**

City

**SARASOTA**

FL

Zip Code

**34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CARRION, RAFAEL**  
STREET ADDRESS **3207 BENEVA RD. 4103 Woodview Dr.**  
CITY-ST-ZIP **SARASOTA FL 34232 SARASOTA FL 34232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)