

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90836 016 ***150.00

DOCUMENT # P94000056381

1. Entity Name
STALEY CONSULTING, INC.



Principal Place of Business
**498 PALM SPRINGS DR
STE 370
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address
**498 PALM SPRINGS DR
STE 370
ALTAMONTE SPRINGS FL 32701
US**

2. Principal Place of Business

19 E BROADWAY STREET

3. Mailing Address

19 E BROADWAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

UNITED STATES

Zip

32765

Country

U.S.

4. FEI Number

59-3257583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STALEY, NEIL E
1547 BRAEWICK ST.
WINTER SPRINGS FL 32708**

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. 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)

1/8/03
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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STALEY, NEIL E**
STREET ADDRESS **1547 BRAEWICK STREET**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **D** ☐ Delete
NAME **STALEY, MICHELLE R**
STREET ADDRESS **1547 BRAEWICK STREET**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

1/8/03
Date

407-977-1220
Daytime Phone #

CR2E034 (10/02)