2001 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2001 8:00 am DOCUMENT # **P94000076275 Secretary of State** ADVOCATE CONSULTING, INC. 03-05-2001 90277 036 ***150.00 Principal Place of Business Mailing Address 737 HUNT CLUB TRAIL P.O. BOX 290092 PORT ORANGE FL 32127 PORT ORANGE FL 32129 1 4 9 9 9 9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3278558 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **EVANS, CLIFFORD** Street Address (P.O. Box Number is Not Acceptable) 737 HUNT CLUB TRAIL PORT ORANGE FL 32127 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change CR2E034 (10/00 Addition **EVANS. CLIFFORD** NAME STREET ADDRESS 737 HUNT CLUB TRAIL STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME EVANS, JOHN NAME STREET ADDRESS 737 HUNT CLUB TRAIL STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-7IP TITLE Delete TITLE Change Addition EVANS, DEBRA NAME NAME 737 HUNT CLUB TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP PORT ORANGE FL 32127 CITY-ST-ZIP TITLE Change Addition PLENDERLEITH, GORDON NAME STREET ADDRESS 737 HUNT CLUB TRAIL STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

MAME

STREET ADDRESS

CITY-ST-7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Feb 20/01 904

904-7882244 Daytime Phone #

Change

Addition