

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089811

1. Entity Name

CON-SERV CONSULTING, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90098 007 ***150.00

Principal Place of Business

101425 OVERSEAS HWY., SUITE 366
KEY LARGO FL 33037

Mailing Address

101425 OVERSEAS HWY., SUITE 366
KEY LARGO FL 33037-4505

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

65-0514975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNSON, RANDALL G
101425 OVERSEAS HWY., SUITE 366
KEY LARGO FL 33037

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	MUNSON, RANDALL G.	
STREET ADDRESS	101425 OVERSEAS HWY, STE 366	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S	<input type="checkbox"/> Delete
NAME	EMERSON, JAMES W	
STREET ADDRESS	C/O 366 DORSET STREET	
CITY-ST-ZIP	SO BURLINGTON VT 05403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 19.07(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 689, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all attachments with all attachments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

2/22/00
(305)852-2916

CR2E034 (9/99)