

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90337 029 \*\*\*150.00

**DOCUMENT # P95000001463**

1. Entity Name  
**DP CONSULTING INC.**

Principal Place of Business  
**2812 INDIANWOOD DRIVE  
SARASOTA FL 34232**

Mailing Address  
**2812 INDIANWOOD DRIVE  
SARASOTA FL 34232**

2. Principal Place of Business  
**1586 SARETA TERRACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1586 SARETA TERRACE**  
Suite, Apt. #, etc.

City & State  
**NORTH PORT, FL**  
Zip  
**34286** Country  
**SARASOTA**

City & State  
**NORTH PORT, FL**  
Zip  
**34286** Country  
**SARASOTA**

4. FEI Number **65-0564765**

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

**STILWELL, DUANE D  
2812 INDIANWOOD DRIVE  
SARASOTA FL 34232**

Name  
**STILWELL, DUANE D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1586 SARETA TERRACE**

City **NORTH PORT** FL Zip Code **34286**

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 **Duane D. Stilwell Pres.**  
Signature, typed or printed name of registered agent and title if applicable.

**Duane D. Stilwell**  
(NOTE: Registered Agent signature required when reinstating)

**2-15-01**  
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, 2001 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** ☐ Delete  
NAME **STILWELL, DUANE D**  
STREET ADDRESS **2812 INDIANWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☒ Change ☐ Addition  
NAME **STILWELL, Duane D.**  
STREET ADDRESS **1586 SARETA TERRACE**  
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE **D** ☐ Delete  
NAME **STILWELL, PRAYOON**  
STREET ADDRESS **2812 INDIANWOOD DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☒ Change ☐ Addition  
NAME **STILWELL Prayoon**  
STREET ADDRESS **1586 SARETA TERRACE**  
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 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: **Duane D. Stilwell Duane D. Stilwell** **2-15-01** **941 429 8409**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)