

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90430 001 ***300.00

0078122 AV

DOCUMENT # P95000012583

1. Entity Name
ITEM CONSULTING GROUP, INC.



Principal Place of Business
**415 MONTGOMERY RD
SUITE 151
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**415 MONTGOMERY RD
SUITE 151
ALTAMONTE SPRINGS FL 32714**

55038593



2. Principal Place of Business

3. Mailing Address

5626 Craindale Dr.

5626 Craindale Dr.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite "G"

Suite "G"

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32819

USA

32819

USA

4. FEI Number

59-3295982

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

7. Name and Address of New Registered Agent

**FARSAD, BEHSHID
415 MONTGOMERY RD
SUITE 151
ALTAMONTE SPRINGS FL 32714**

Name **Farsad, Behshid**

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

5626 Craindale Dr.

Suite "G"

City **Orlando,**

FL

Zip Code

32819

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D FARSAD, BEHSHID**
STREET ADDRESS **415 MONTGOMERY RD SUITE 151**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

APR/10/2003
Date

407-461-6674
Daytime Phone #

CR2E034 (10/02)