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

## FILED Jan 29, 2003 8:00 am Secretary of State

| 1. Entity Nan   | MENT # <b>P9500</b><br>nsulting, inc.  |   | 01-29-2003 903  |  | 130.00  |  |   |
|---|--|---|---|--|---|--|---|
| Principal Place of Business Mailing Address 10116 SADLER WAY 10116 SADLER WAY TAMPA FL 33626 TAMPA FL 33626 US US |  |   |   |  |   |  |   |
| 2. Principal Place of Business 3. Malling Address   |  |   |   |  |   |  | othe Bili 1881                          |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |   |   | ☐ CHECK HERE IF MAKING CHANGES                   |   |  |   |
| City & State  |  | City & State  |   | 4.   | FEI Number 59-33 10830  | <del></del>  | oplied For<br>ot Applicable             |
| Zip   | Country  | Zip   | Country   | 5.   | Certificate of Status Desired   | \$8.75 Add<br>Fee Require                                |   |
|   | 6. Name and Address of Current I   | Registered Agent  |   | 7.   | Name and Address of New Registers   | d Agent  |   |
| MORRISON, WILLIAM J.C.P.A.  Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL 33626                    |  |   |   |  |   |  |   |
| ı,  | •  |   | City  |  | F   | Zip Cod  | e                                       |
|   | named entity submits this statement for<br>tions of registered agent,  | the purpose of changing its                                   | registered office o   | registered as                                    | gent, or both, in the State of Florida, I ar  | n familiar with,   | and accept                              |
| SIGNATURE .   | Signature, typed or printed name of registered egent a   | nd title if applicable. (NOTE                                 | : Registered Agent signal                                       | ure required when                                | reinssiting) DATE   |  |   |
| After   | ILE NOWIII FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of                             | State   |   |  | Election Campaign Financing     Trust Fund Contribution.  |  | O May Be<br>I to Fees                   |
| 10.   | OFFICERS AND   | DIRECTORS   | 11.   |  | DDITIONS/CHANGES TO OFFICERS AF   | O DIRECTOR   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | S<br>MORRISON, WILLIAM J<br>10116 SADLER WAY<br>TAMPA FL 33607   | ☐ Defeta  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | P  |   | Change   | Addition Solution                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADORESS CITY-ST-ZIP                           | DIS<br>VIRAI<br>10116<br>TAM                     | VIA S. MARRISON<br>SADIER WAY<br>14 FL 33626  | Change   | ☐ Addition                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | - ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | •  |   | ☐ Change   | ☐ Addition                              |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP  |  | ☐ Deleta  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |  | William to Table Translationsproper   | ☐ Change   | Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |  |   | Change   | ☐ Addition                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ,  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | <br>   |   | Change   | ☐ Addition                              |
| 12. I hereby of indicated   | ertify that the information supplied with to on this report or supplemental raport is to poration or the receiver or trustee empoy | his filing does not qualify for true and accurate and that my | the exemption stat<br>y signature shall he<br>s required by Cha | ed in Section<br>ave the same<br>oter 607. Flori | 119.07(3)(i), Florida Statutes. I further or<br>legal effect as if made under oath; that I<br>da Statutes; and that my name appears | ertify that the in<br>am an officer of<br>in Block 10 or | formation<br>or director<br>Block 11 if |

Affachment



## FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

January 15, 2003

WJM CONSULTING, INC. 10116 SADLER WAY TAMPA, FL 33626 US

Subject: WJM CONSULTING, INC.

Reference Number:

P95000035066

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MF ANNUAL REPORTS SECTION