

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90061 011 \*\*\*150.00

05/02/02 AV

**DOCUMENT # P95000040322**

1. Entity Name  
**FOX CONSULTING CORPORATION**

Principal Place of Business  
**6030 NW 96 WAY  
 PARKLAND FL 33076**

Mailing Address  
**6030 NW 96 WAY  
 PARKLAND FL 33076**



2. Principal Place of Business  
**2910 St. Andrews Blvd**

3. Mailing Address  
**2910 St. Andrews Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tarpon Springs, FL**

City & State  
**Tarpon Springs, FL**

4. FEI Number **65-0590270**

Applied For  
 Not Applicable

Zip **34688** Country **Pinellas**

Zip **34688** Country **Pinellas**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FOX, WILLIAM L  
 6030 NW 96 WAY  
 PARKLAND FL 33076**

**7. Name and Address of New Registered Agent**

Name **Fox, William L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2910 St. Andrews Blvd**  
 City **Tarpon Springs** FL Zip Code **34688**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FOX, WILLIAM L.</b>	
STREET ADDRESS	<b>6030 NW 96 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FOX, WILLIAM L.</b>	
STREET ADDRESS	<b>6030 NW, 96 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOX, V A</b>	
STREET ADDRESS	<b>6030 NW 96 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fox, William L.</b>	
STREET ADDRESS	<b>2910 St. Andrews Blvd</b>	
CITY-ST-ZIP	<b>Tarpon Springs, FL 34688</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fox, William L.</b>	
STREET ADDRESS	<b>2910 St. Andrews Blvd</b>	
CITY-ST-ZIP	<b>Tarpon Springs, FL 34688</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fox, V A</b>	
STREET ADDRESS	<b>2910 St. Andrews Blvd</b>	
CITY-ST-ZIP	<b>Tarpon Springs, FL 34688</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:** *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)