

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000060569**1. Entity Name  
OBJECTSERV CONSULTING, INC.

## Principal Place of Business

16011 N NEBRASKA AVE  
SUITE 106  
LUTZ  
33549

FL

## Mailing Address

16011 N NEBRASKA AVE  
SUITE 106  
LUTZ  
33549

FL

## 2. Principal Place of Business

16510 WB PRITCHETT LANE

## 3. Mailing Address

16510 WB PRITCHETT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

LUTZ FL

## City &amp; State

LUTZ FL

## 4. FEI Number

59-3328059

Applied For

Not Applicable

Zip  
33549

Country

Zip  
33549

Country

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

## 6. Name and Address of Current Registered Agent

SELVIA SCOTT  
16011 N NEBRASKA AVE  
SUITE 106  
LUTZ  
33549

FL

US

## 7. Name and Address of New Registered Agent

## Name

SELVIA SCOTT

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

16510 WB PRITCHETT LANE

City  
LUTZ

FL

Zip Code  
33549

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 \_\_\_\_\_ **04/30/2001**

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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SELVIA VALARIE	
STREET ADDRESS	16011 N NEBRASKA AVE., #106	
CITY-ST-ZIP	LUTZ FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SELVIA SCOTT	
STREET ADDRESS	16011 N NEBRASKA AVE., #106	
CITY-ST-ZIP	LUTZ FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELVIA VALARIE	
STREET ADDRESS	16510 WB PRITCHETT LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELVIA SCOTT	
STREET ADDRESS	16510 WB PRITCHETT LANE	
CITY-ST-ZIP	LUTZ FL 33549	
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		
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:** Valarie Selvia

vp

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)