

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90043 024 ***150.00

DOCUMENT # P95000063911

1. Entity Name
J.D.P. CONSULTING, INC.

Principal Place of Business

**1881 UNIVERSITY DRIVE
 SUITE 110
 CORAL SPRINGS FL 33071
 US**

Mailing Address

**1881 UNIVERSITY DRIVE
 SUITE 110
 CORAL SPRINGS FL 33071
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1881 University Drive

Suite, Apt. #, etc.

Suite 209

City & State

Coral Springs, FL

Zip **33071**

Country **US**

3. Mailing Address

1881 University Drive

Suite, Apt. #, etc.

Suite 209

City & State

Coral Springs, FL

Zip **33071**

Country **US**

4. FEI Number **65-0605592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLISLE, DAVID R
 AKERMAN, SENTERFITT & EIDSON, P.A.
 ONE S.E. 3RD AVE., 28TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **PSTD** ☐ Delete
 NAME **POULTER, JEFFREY D**
 STREET ADDRESS **621 NW 102 AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VP** ☐ Delete
 NAME **POULTER, CYNTHIA**
 STREET ADDRESS **621 NW 102 AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

Jeffrey D. Poulter 1/15/02 (954) 345-0415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)