

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068956

1. Entity Name
PEGASUS CONSULTING SERVICES, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90180 029 ***150.00

0015418 AV

Principal Place of Business

Mailing Address

34 BELVEDERE LANE
PALM COAST FL 32137

~~P. O. BOX 352737~~
~~PALM COAST FL 32135-2737~~
US

2. Principal Place of Business

3. Mailing Address

34 Belvedere Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast, FL

4. FEI Number

59-3340507

Applied For

Not Applicable

Zip

Country

Zip

Country

32137

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTARP, JR. P PAUL M.
185 CYPRESS POINT PKWY
STE 6
PALM COAST FL 32137

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME HERRIN, KENNETH T
STREET ADDRESS 1141 BRADENTON ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST ☐ Delete
NAME SUSAN R. HERRIN
STREET ADDRESS 34 BELVEDRE LANE.
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Susan R. Herrin Susan R. Herrin 4/5/02 (386) 445-1778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Y. Pres. Date Daytime Phone #

CR2E034 (9/01)