

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90912 004 \*\*\*150.00

**DOCUMENT # P95000069049**

1. Entity Name

**FS BUSINESS CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

251 MAITLAND AVE  
~~SUITE 208~~  
 ALTAMONTE SPRINGS FL 32701

251 MAITLAND AVE  
~~SUITE 208~~  
 ALTAMONTE SPRINGS FL 32701-4911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 202

Suite, Apt. #, etc.

202

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3505162**

Applied For

Not Applicable

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

**FAUSEL, GEORGE A.**  
**251 MAITLAND AVENUE**  
**SUITE 202**  
**ATLANTIC SPRINGS FL 32701**

Name

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

City

**FL**

Zip Code

*SUITE 202*

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, 2000 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>D</b> <input type="checkbox"/> Delete
NAME	<b>FAUSEL, GEORGE A</b>
STREET ADDRESS	<b>10725 LAZY LAKE DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32821</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FAUSEL, JOAN</b>
STREET ADDRESS	<b>10725 LAZY LAKE DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32821</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STROGIS, ROBERT</b>
STREET ADDRESS	<b>2768 BRANDON CT</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*

**STROGIS, DIRECTOR**

**4/27/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)