

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90071 005 ***150.00

DOCUMENT # P95000074310

1. Entity Name

TMA CONSULTING GROUP, INC.

Principal Place of Business

**3935 LIVE OAK BLVD.
 DELRAY BEACH FL 33445**

Mailing Address

**3935 LIVE OAK BLVD.
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0608189

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

**ARNOVITZ, THEODORE M
 3935 LIVE OAK BLVD.
 DELRAY BEACH FL 33445**

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 ☐ Delete
 NAME **PT**
 STREET ADDRESS **ARNOVITZ, THEODORE M**
 CITY-ST-ZIP **3935 LIVE OAK BLVD.
 DELRAY BEACH FL 33445-7001**

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

TITLE ☐ Delete
 NAME **VPAT**
 STREET ADDRESS **ARNOVITZ, MATTHEW E**
 CITY-ST-ZIP **22 S JEFFERSON ST
 DAYTON OH 45402**

TITLE ☐ Change ☐ Addition
 NAME **VPAT**
 STREET ADDRESS **ARNOVITZ, MATTHEW E**
 CITY-ST-ZIP **1440 PASSPORT LANE
 DAYTON, OHIO 45415**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ARNOVITZ, SCOTT J**
 CITY-ST-ZIP **1490 QUEENS BLVD
 LOS ANGELES CA**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ARNOVITZ, MEAD E**
 CITY-ST-ZIP **EL CASAJAL 512-3
 LIMA, PERU PE**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **CHAVIN, IRIS**
 CITY-ST-ZIP **3935 LIVE OAK BLVD
 DELRAY BCH FL 33445-7001**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **YATES, DOUG**
 CITY-ST-ZIP **1490 QUEENS BLVD
 LOS ANGELES CA**

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/01)