

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000080492**

1. Entity Name

REDISCH CONSULTING, INC.**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90001 019 ***150.00

Principal Place of Business

Mailing Address

**1401 54TH AVENUE NORTHEAST
ST. PETERSBURG FL 33703****1401 54TH AVENUE NORTHEAST
ST. PETERSBURG FL 33703-3226**

2. Principal Place of Business

3. Mailing Address

6715 Cape Sable Way NE**6715 Cape Sable Way NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 1**Apt 1**

City & State

City & State

St Petersburg FL**St Petersburg FL**

Zip

Country

Zip

Country

33702**USA****33702****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3345407

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

**REDISCH, DAVID M
1401 54TH AVENUE, N.E.
ST. PETERSBURG FL 33703**

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, 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 **D** ☐ Delete
NAME **REDISCH, DAVID M**
STREET ADDRESS **1401 54TH AVENUE, NORTHEAST**
CITY-ST-ZIP **ST. PETERSBURGH FL 33703**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6715-1 Cape Sable Way NE**
CITY-ST-ZIP **St Petersburg FL 33702**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

David M. Redisch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 727/527-5697

CR2E034 (9/99)