

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90110 044 ***150.00

DOCUMENT # P95000084200

1. Entity Name

UNITED GLOBAL CONSULTING CORP.



Principal Place of Business

ONE TAMPA CITY CENTER
SUITE 2530
TAMPA FL 33602

Mailing Address

ONE TAMPA CITY CENTER
SUITE 2530
TAMPA FL 33602

2. Principal Place of Business

One Tampa City Center

Suite, Apt. #, etc.

Suite 1825

City & State

Tampa, Florida

Zip

33602-5163

Country

USA

3. Mailing Address

One Tampa City Center

Suite, Apt. #, etc.

Suite 1825

City & State

Tampa, Florida

Zip

33602-5163

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3349045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BOULEVARD
SUITE 1000
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Gibbons, Tucker, Miller, Whatley & Stein,

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

101 East Kennedy Blvd.,

P.A.

Suite 2190

City
Tampa

FL

Zip Code
33602

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. I am familiar with, and accept the obligations of registered agent. **GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P.A.**

SIGNATURE

By: Richard N. Stein, Vice President

April 27, 2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME SCHMITZ, WIDO F
STREET ADDRESS 6410 RENWICK CIRCLE
CITY-ST-ZIP TAMPA FL 33647

TITLE VP ☐ Delete
NAME RICKENBACHER, URS M
STREET ADDRESS BAHNNOF STRASSE 9/10
CITY-ST-ZIP LYSS, SWITZERLAND ch -3250

TITLE D ☐ Delete
NAME ORSI, GUIDO
STREET ADDRESS VIA B CELLINI, 18
CITY-ST-ZIP 20090 SEGRATE IT

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wido F. Schmitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-05

225 1444

Date

Daytime Phone #