

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094944

1. Entity Name
CLOUD CONSULTING, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90005 014 ***558.75

Principal Place of Business
2623 GREEN CROSSING DR
TALLAHASSEE FL 32308

Mailing Address
2623 GREEN CROSSING DR
TALLAHASSEE FL 32308

2. Principal Place of Business
2709 BLAIR STONE LANE
Suite, Apt. #, etc.

3. Mailing Address
2709 BLAIR STONE LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL
Zip
32301
Country

City & State
TALLAHASSEE, FL
Zip
FL 32301
Country

4. FEI Number 65-0624002

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUD, WADE
2623 GREEN CROSSING DR
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Robert WADE CLOUD
Street Address (P.O. Box Number is Not Acceptable)
2709 BLAIRSTONE LANE
City TALLAHASSEE FL Zip Code 32301

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 Robert Wade Cloud

DATE 7/14/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLOUD, ROBERT W 2623 GREEN CROSSING DR TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert Wade Cloud 7/14/00 850-402-0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)