

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91441 007 ***150.00

DOCUMENT # P96000018694

1. Entity Name
NORTH FLORIDA CONSULTING, INC.



Principal Place of Business
**40001 EMERALD COAST PARKWAY
DESTIN, FL 32541**

Mailing Address
**40001 EMERALD COAST PARKWAY
DESTIN, FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3367788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
ADKINSON, CHAD
814 C-6
FREEPORT, FL 32439** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ADKINSON, WAYNE
29874 US HWY 331 S
FREEPORT, FL 32439** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, SCOTT D
2010 W FAWSETT RD
WINTER PARK, FL 32789** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITE, LARRY
650 SOUTH CENTRAL AVE STE 1000
OVIEDO, FL 32765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/S
Chad Adkinson
814 Site C-6
Freeport FL 32439** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/T
Wayne Adkinson
29874 US Hwy 331 South
Freeport FL 32439** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Mike Adkinson
503 Greenway Cove
Ncedille FL 32578** ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Adkinson 5-1-03 850 10547211

Date

Daytime Phone #

CR2E034 (10/02)