2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

1. Entity Nan	MENT # P960000186 LORIDA CONSULTING, INC			)3 91441 007 *				
•	ce of Business MALD COAST PARKWAY 32541	Mailing Address 40001 EMERALD COAST P DESTIN, FL 32541	PARKWAY					
2. Principal I	Place of Business	3. Mailing Address						İ
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	50.0003300		Applied For Not Applicable	,
Zip	Country	Zip	Country	5	. Certificate of Status Desired	□ \$8.75 A		
	6. Name and Address of Current I	legistered Agent		7	. Name and Address of New Rec	istered Agent		1
				Name				
MATTHEWS, DANA C 607 HIGHWAY 98 EAST DESTIN, FL 32541			Street Ad	Street Address (P.O. Box Number Is Not Acceptable)				
								7
			City			FL Zip Co	xde	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or r	registered	agent, or both, in the State of Florid	da. I am familiar with	h, and accept	1
_								
SIGNATURE	Signature, typed or printed name of registered agent a	nd tille if applicable. (NOTE:	Registered Agentsignature	e required whe	n minstaling)	CATE	<del></del>	
Afte Make Check	FILE NOWIII FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 s Payable to Florida Department o	or some and			Election Campaign Finar     Trust Fund Contribution.	☐ Adda	OD May Be ed to Fees	1
10.	OFFICERS AND I		11.	1/0/4	ADDITIONS/CHANGES TO OFFIC			Ⅎᇎ
TITLE NAME STREET ADDRESS	ADKINSON, CHAD	☐ Delete	TITLE	7777	Adkinson	XQ)Change	Addition	
CHY CT 76					1+6 G-66	,		134 (4)
CITY-ST-ZP	FREEPORT, FL 32439	Coloro	STREET ADDRESS 4 City-St-ZIP		bot E1 37439	NO transe	- Addition	R2E034 (1)
CITY-ST-ZP TITLE NAME		☐ De lete	STREET ADDRESS 4	Free UP/T	te ci-ce port FL 32439 Le Adkinaro	. De nange	Addition	CR2En34 (1)
TITLE NAME STREET ADORESS	PD ADKINSON, WAYNE 29874 US HWY 331 S	☐ Delete	STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS	Free UP/T	te Ct-Ce part Fl 33439 te Adkinson 1 US Hwy 381 So	7	☐ Addition	CB2E034 (1)
TITLE NAME	PD ADKINSON, WAYNE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Free JP/T Wayn	port Fl 33439 Le Adkinson 33150	44		CR2Fn34 (1)
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12. I hereby certify that the information supplied with this filling 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:

Mike Adkinson 5-1-07 850 05472-11