

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90362 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000031069**

1. Entity Name

J.F. CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7625 NW 88TH WAY

Suite, Apt. #, etc.

3. Mailing Address

22705 SPIRE ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL

City & State

HAWWARD, CA

4. FEI Number

65-0393471

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DONALD LOUGHAN

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

7522 WILES ROAD, SUITE 102

City

CORAL SPRINGS FL

Zip Code
33067

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PVTS
FISHE, JAMES W
7625 NW 88TH WAY
TAMARAC, FL 33321-2426**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W FISHE, PRESIDENT

4/24/2002

Date

Daytime Phone #

510-723-4262

CR2E034B (12/01)