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SIGNATURE:

SIGNATURE AND TO PRINTED NAME OF SIG

ING OFFICER OR DIRECTOR

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DOCUMENT # PAG DOOD 48565 1. Entity Name CONSULTING STRATEGIES, ESC.					SECRETARY OF STATE CHYPOICH OF CONPORATIONS				
					02 JAN 25 PM 4: 00				
Principal Place	of Business	Mailing Address			02 0/// 20 j	11 4.00			
•	and all	em Bes							
	2114 OAT	3//2001		ŧ					
	JACKSONAL	STREET IE, FL 3220	4-4411		'	•			
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				01-02 WRUBRE					
City & State		. City & State			4. FEI Number 59 -337 9554		plied For t Applicable		
Zip	Country	Zip _	Country	5.	Certificate of Status Desired	\$8.75 Add	litional		
	6. Name and Address of Current	Registered Agent	<u> </u>		Name and Address of New Registere	Fee Required	1		
			Name		and	<u> , .a</u>			
	2114 OAK S	4610	Street Addre	ss (P.O. E	Box Number is Not Acceptable)				
9.5.	12114 OAK 5	mcet		<u> </u>					
	Jacksonville,	R 3224-44	И						
The second	J		City		F	Zip Code	•		
8. The above n	pened aptility submits this statement of	or the gurpose of changing its	registered office or regis	stered ag	gent, or both, in the State of Florida.				
•	1114 P.,	1		Ū	10	tal.			
SIGNATURE _	Mill 1	<u>-\\</u>	· · · · · · · · · · · · · · · · · · ·		12	19/01			
S	signature, typed or phinted name registered agent	and title applicable. (NOT	E: Registered Agent signature req	uired when re	einstating) DATE				
	ation is eligible to satisfy its Intangible	<i>i i</i>	!!! FEE IS \$150.00		10. Election Campaign Financing	_ \$5.0	0 мау Ве		
- rax filing rei (See criteria	quirement and elects to do so. a on back)		01 Fee will be \$550.0 ble to Department of S		Trust Fund Contribution.	☐ Added	to Fees		
11.	, OFFICERS AND		12.		L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11		
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43	rtify that the information supplied with	this filing does not qualify for	r the exemption stated in	Section	119.07(3)(i), Florida Statutes. I further of	ertily that the in	formation		
indicatéd o of the corpo changed, o	on this report or supplemental report is oration or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that r twered to execute this report with all other like empowered.	ny signature shall have the as required by Chapter I	ne same l 507, Flori	legal effect as if made under oath; that ida Statutes; and that my name appears	I am an officer o s in Block 11 or	or director Block 12 if		



2012

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA FREDERICK J. REESE

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

November 20, 2001

Division of Corporations Post-Office Box 6327— Tallahassee, FL 32302

Re: Consulting Strategies, Inc. - 2001 Uniform Business Report

Doc. #: P96000045565

Dear Sir or Madam:

The above referenced Taxpayer has never received the Original 2001 Uniform Business Report. Please find the enclosed check for \$150.00. We are asking your assistance in filing and abating any Late Filing Penalties concerning the 2001 Report. The Taxpayer has changed their address. Their new address is 2114 Oak Street, Jacksonville, Florida 32204-4411. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely

James K. Reese, EA

Enclosures:

Check for \$150.00