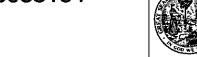
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000055164 DOCUMENT



1. Entity Name HDG CONSULTING, INC. Mailing Address



Principal Place of Business 1774 SOUTH DR 1774 SOUTH DR SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0680221 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEBHARD, LINDA Street Address (P.O. Box Number is Not Acceptable) 1774 SOUTH DR SARASOTA FL 34239 City 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE Channe GEDHARD, LINDA NAME NAME STREET ADDRESS 1774 S DRIVE STREET ADDRESS CITY-ST-7IP SARASOTA FL 34239 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Johannah O'Donnell NAME NAME 774 Jouth Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete = --TITLE - ⇔es -- Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if of the corporation or the rec changed, or on an attachny

CITY-ST-7IP

CITY-ST-ZIP

FILED

Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90092 013 ***150.00