

2003 UBR

05-01-2003 90827 010 \*\*\*158.75  
P96000072498


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 10 AM 8:00

DOCUMENT # P96000072498

1. Entity Name Consult First, Incorporated



**DO NOT WRITE IN THIS SPACE**

90119040

2. Principal Place of Business 4816 Cypress Lake Court

3. Mailing Address 8406 North Lockwood Ridge Rd.

Suite, Apt. #, etc. 438

DO NOT WRITE IN THIS SPACE

*MRS*

City & State Sarasota, Florida City & State Sarasota, Florida

4. FEI Number 62-0700344 Applied For  Not Applicable

Zip 34243 Country United States Zip 34243 Country United States

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Michael D. Hunt

Street Address (P.O. Box Number is Not Acceptable) 4816 Cypress Lake Court

City Sarasota FL Zip Code 34243

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>Michael D. Hunt President, Treasurer 4816 Cypress Lake Court Sarasota, Florida 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Colbie J. Hunt Vice President, Secretary 4816 Cypress Lake Court Sarasota, Florida 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Hunt - Michael D. Hunt 4/29/03 941-355-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)