

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

Zip 34243 Country United States

Zip 34243 Country United States

4. FEI Number 62-0700344

Applied For Not Applicable

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 _____

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</u> <u>President, Treasurer</u> <u>4816 Cypress Lake Court</u> <u>Sarasota, Florida 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Colbie J. Hunt</u> <u>Vice President, Secretary</u> <u>4816 Cypress Lake Court</u> <u>Sarasota, Florida 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____
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DO NOT WRITE IN THIS SPACE

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)