

2000.UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091567

1. Entity Name

National Consulting Group, Inc.

Principal Place of Business

Mailing Address

3030 N. Rocky Pt Dr. W. Suite 850 Tampa FL 33607

2. Principal Place of Business

550 N. Reo Street Suite 202 Tampa FL

3. Mailing Address

550 N. Reo Street Suite 202 Tampa FL

City & State

Tampa FL

Zip

33609

Country

USA

City & State

Tampa FL

Zip

33609

Country

USA

4. FEI Number

59-3472741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Burke, Joe F.
3030 N. Rocky Pt Dr. W.
Suite 850
Tampa FL 33607

7. Name and Address of New Registered Agent

Name

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

550 N. Reo Street, Suite 202

~~550 N. Reo Street~~

City

Tampa

FL

Zip Code

33609

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME BURKE, JOE F.
STREET ADDRESS 3030 N. Rocky Pt Dr. W
CITY-ST-ZIP Tampa FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 550 N. Reo Street, Suite 202
CITY-ST-ZIP Tampa FL 33609

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)