

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91562 030 \*\*\*150.00

DOCUMENT # P96000091567

1. Entity Name

National Consulting Group, Inc.

**DO NOT WRITE IN THIS SPACE**

642842

2. Principal Place of Business

550 N. Reo Street

3. Mailing Address

550 N. Reo Street

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite 111

City & State

City & State

Tampa FL

Tampa FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

59-3472741

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joe F. Burke

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

550 N. Reo Street, Suite 111

City

Tampa

FL

Zip Code

33609

**DO NOT WRITE  
IN THIS SPACE**

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

4/12/02

9. This corporation is eligible to satisfy its Intangible

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

Tax filing requirement and elects to do so:

(See criteria on back)

☐

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOE F. Burke  
STREET ADDRESS 550 N. Reo Street, Suite 111  
CITY-ST-ZIP TAMPA FL 33609

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CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E034B (12/01)

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 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 #

4/12/02