

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

AMENDED

DOCUMENT # P96000095069

1. Entity Name

BONAFIDE CONSULTING, INC.



FILED

03 NOV 19 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/13/03--01063--027 **\$61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1585 BREEZE LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL

City & State

4. FEI Number

59-3411637

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOLORES GUTHRIE

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

1585 BREEZE LANE

City

MELBOURNE

FL

Zip Code

32935

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

DOLORES M. GUTHRIE

Signature, typed or printed name of registered agent and title if applicable

DOLORES M. GUTHRIE

(NOTE: Registered Agent signature required when reinstating)

11-11-03

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

P/VP/S/T/D

DOLORES M. GUTHRIE

1585 BREEZE LANE

MELBOURNE, FL 32935

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

DOLORES M. GUTHRIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLORES M. GUTHRIE

Date

321.242.9730

Daytime Phone #

CR2E034B (12/02)