

Caressa Fagan

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91556 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098987

1. Entity Name

CORRECT CONSULT, INC.

Principal Place of Business

**10467 KEYSTONE RD
SPRING HILL FL 34608
US**

Mailing Address

**10467 KEYSTONE RD
SPRING HILL FL 34608
US**

00055528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3413557**

Applied For

(Not Applicable)

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAGAN, CARESSA
10467 KEYSTONE ST
SPRING HILL FL 34608**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

Caressa Fagan

CARESSA FAGAN

4-15-01

Signature, typed or printed name of registered agent and if it is applicable.

(NOTE: Registered Agent's signature is 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, 2001 Fee will be \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	FAGAN, CARESSA	
STREET ADDRESS	10467 KEYSTONE RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VP	☐ Delete
NAME	FAGAN, TODD	
STREET ADDRESS	10467 KEYSTONE ST	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, and 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.

1121-034 (10/00)