

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011684

Entity Name

ESTRAK CONSULTING, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90099 019 ***150.00

Principal Place of Business

Mailing Address

LAUREL OAK DRIVE
CITY FL 33567

2704 LAUREL OAK DRIVE
PLANT CITY FL 33567-6740

C0038732



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

59-3429848

Applied For

Not Applicable

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

NAGEL, CYNTHIA
2704 LAUREL OAK DRIVE
PLANT CITY FL 33567

Name

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

City

FL

Zip Code

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

Cynthia Nagel

Cynthia Nagel

3-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Is corporation eligible to satisfy its Intangible
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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAGEL, CYNTHIA		NAME	
2704 LAUREL OAK DR		STREET ADDRESS	
PLANT CITY FL 33567		CITY-ST-ZIP	
VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAGEL, MARK		NAME	
2704 LAUREL OAK DR		STREET ADDRESS	
PLANT CITY FL 33567		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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 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 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 #

Cynthia Nagel 03-10-00

813-759-0547

CR2E034 (9/99)