

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90281 003 ***150.00

DOCUMENT # P97000021991

1. Entity Name
CONSULTECH & ASSOCIATES, INC.



Principal Place of Business
4000 FIELDER ST. 4026 1/2 Henderson Blvd
TAMPA FL 33611 33629

Mailing Address
4000 FIELDER ST. 4026 1/2 Henderson Blvd
TAMPA FL 33611 33629



2. Principal Place of Business
4026 1/2 Henderson Blvd

3. Mailing Address
4026 1/2 Henderson Blvd

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

4. FEI Number **59-3425613**

Applied For
☐ Not Applicable

Zip **33629** Country **Hillsborough**

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

MCGOLDRICK, ROBERT
4802 LASTRADA CT
LUTZ FL 33549

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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete
NAME **MCGOLDRICK, ROBERT**
STREET ADDRESS **4802 LASTRADA CT**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
NAME **2927 Fletcher Ave apt 475**
STREET ADDRESS **Tampa FL 33618**
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
NAME **BENNAFIELD, HENRY**
STREET ADDRESS **4009 FIELDER ST**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HENRY W. BENNAFIELD** **3/27/03** **(813) 289-7721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)