

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000024234

1. Entity Name

Darkside Consulting Inc.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90311 001 ***450.00

Principal Place of Business

Mailing Address

Fernando W. Carmona
Darkside Consulting Inc. ← SAME

2. Principal Place of Business

6780 Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Address

6780 Ocean Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocean Ridge FL

Zip

33435

Country

USA

City & State

Ocean Ridge, FL

Zip

33435

Country

USA

4. FEI Number

59-1268698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Fernando W. Carmona
6780 Ocean Blvd.
Ocean Ridge, FL 33435

7. Name and Address of New Registered Agent

Name Jonathan R. Kaplan

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

301 Clematis Street, Suite 3000

City West Palm Beach

FL

Zip Code
33401

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

5-5-00

9. This corporation is eligible to satisfy its intangible

Tax filing requirements 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

11. OFFICERS AND DIRECTORS

TITLE Director
NAME Fernando W. Carmona
STREET ADDRESS 6780 Ocean Blvd.
CITY-ST-ZIP Ocean Ridge, FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, 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 #

5-5-00

CR2E034 (9/99)