

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90238 041 \*\*\*150.00

**DOCUMENT # P97000026407**

1. Entity Name

**QUICKSILVER CONSULTING GROUP, INC.**



Principal Place of Business  
**POST OFFICE BOX 20881**  
**ST. PETERSBURG FL 33742-0881**

Mailing Address  
**POST OFFICE BOX 20881**  
**ST. PETERSBURG FL 33742-0881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3451551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROLLINS, DENISE A**  
**800 WEEDON DR NE**  
**SAINT PETERSBURG FL 33702-2742**

7. Name and Address of New Registered Agent

Name **Rollins, Denise A.**

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

**800 Weedon Dr NE**

City **St. Petersburg**

**FL**

Zip Code **33702**

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 *Denise Ann Rollins* **DENISE ANN ROLLINS - PRESIDENT**

**1/12/03**

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD**  
NAME **ROLLINS, DENISE A**  
STREET ADDRESS **800 WEEDON DR NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

☐ Delete

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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.

**DENISE ANN ROLLINS**

SIGNATURE: *Denise Ann Rollins* **PRESIDENT**

**1/12/03 727 5776711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)