

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P97000047413

1. Entity Name

Information Technologies Consulting Group, Inc.

02 AUG -5 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11315 Corporate Blvd.

Suite, Apt. #, etc.

Suite 319

City & State

Orlando FL

Zip

32817

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

—

City & State

—

Zip

—

Country

—

4. FEI Number

59-3448933

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name Shirley A. Wolf

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

11315 Corporate Blvd. Suite 319

City Orlando

FL

Zip Code 32817

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/C/S/T
NAME Shirley A. Wolf
STREET ADDRESS 11315 Corporate Blvd. Suite 319
CITY-ST-ZIP Orlando FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-08/07/02-01071-001
*****61.25 *****61.25

TITLE VP
NAME James R. Taylor
STREET ADDRESS 11315 Corporate Blvd. Suite 319
CITY-ST-ZIP Orlando FL 32817

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

7/1/02