

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90057 045 \*\*\*150.00

**DOCUMENT # P97000049784**

**1. Entity Name**  
**DORIAN CONSULTANTS, INC.**

**Principal Place of Business**  
**13613 BROMLEY POINT DRIVE**  
**JACKSONVILLE FL 32225**

**Mailing Address**  
**13613 BROMLEY POINT DRIVE**  
**JACKSONVILLE FL 32225**



**2. Principal Place of Business**  
**13618 Marsh Harbor Dr N.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**13618 Marsh Harbor Dr N**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Jacksonville FL**  
**Zip** 32225 **Country** DUVAL

**City & State**  
**Jacksonville, FL**  
**Zip** 32225 **Country** DUVAL

**4. FEI Number** 59-3449301 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**COBB, KELLY**  
**13613 BROMLEY POINT DRIVE**  
**JACKSONVILLE FL 32225**

**7. Name and Address of New Registered Agent**  
**Name** COBB, KELLY  
**Street Address (P.O. Box Number is Not Acceptable)** 13618 Marsh Harbor Dr N  
**City** Jacksonville **FL** **Zip Code** 32225

**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** Kelly Cobb KELLY COBB 1/19/02  
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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS |                           |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|---------------------------|---------------------------------|---|--|---|
| TITLE                      | DPST                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COBB, KELLY               |                                 | NAME  |  |   |
| STREET ADDRESS             | 13613 BROMLEY POINT DRIVE |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32225     |                                 | CITY-ST-ZIP   |  |   |
|                            | 13618 Marsh Harbor Dr. N  |                                 |   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | 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:** Kelly Cobb KELLY COBB 1/19/02 332-5962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)