

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068821

1. Entity Name

MBA CONSULTING, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90017 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1350 EDGEWOOD AVE., S.  
JACKSONVILLE FL 32205

1350 EDGEWOOD AVE., S.  
JACKSONVILLE FL 32205-7740

2. Principal Place of Business

13790 San Pebble Court

Suite, Apt. #, etc.

3. Mailing Address

13790 San Pebble Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number 59-3470020

Applied For  
Not Applicable

Zip 32224

Country USA

Zip 32224

Country USA

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

BRANCH, MICHAEL  
1350 EDGEWOOD AVE., S.  
JACKSONVILLE FL 32205

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2-4-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BRANCH, MICHAEL E  
STREET ADDRESS 1350 EDGEWOOD AVE., S.  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13790 San Pebble Court  
CITY-ST-ZIP Jacksonville, FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

*Michael Branch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000

Date

904 821 4116

Daytime Phone #

CR2E034 (9/99)