

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068821

1. Entity Name

MBA CONSULTING, INC.

Principal Place of Business

Mailing Address

1350 EDGEWOOD AVE., S.
JACKSONVILLE FL 32205

1350 EDGEWOOD AVE., S.
JACKSONVILLE FL 32205

2. Principal Place of Business

13790 San Pebble Court

3. Mailing Address

13790 San Pebble Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32224

Country

Zip
32224

Country

4. FEI Number 59-3470020

Applied For

Not Applicable

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)

13790 San Pebble Court

City

FL

Zip Code
32224

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.

Michael E. Branch, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.13.01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, MICHAEL E 13790 SAN PEBBLE COURT JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Michael E. Branch, Pres. 1.13.01

Date

Daytime Phone #

(904) 821-4111

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90019 016 ***150.00



DO NOT WRITE IN THIS SPACE

0012372

CR2E034 (10/00)