

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072998

1. Entity Name

FRONTIER CONSULTING, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90002 036 ***550.00

000536 AV

Principal Place of Business

CORAL TOWERS
4800 BAYVIEW DR., #703 404
FORT LAUDERDALE FL 33308

Mailing Address

CORAL TOWERS
4800 BAYVIEW DR., #703 404
FORT LAUDERDALE FL 33308

2. Principal Place of Business

Coral Towers
Suite, Apt. #, etc.
#404

3. Mailing Address

4800 Bayview Drive
Suite, Apt. #, etc.
#404

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33308

Country
Broward

Zip
33308

Country
Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0781375

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

PFEIFER, LANCE T
CORAL TOWERS
4800 BAYVIEW DR., #703 404
FORT LAUDERDALE FL 33308

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

(NOTE: Registered Agent signature required when reinstating)

DATE
9-3-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PFEIFER, LANCE T
CORAL TOWERS, 4800 BAYVIEW DR., #703 #404
FORT LAUDERDALE FL 33308

☐ Delete

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☐ Change ☐ 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

Date

Daytime Phone #

954-267-9203

CR2E034 (5/01)