

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000082255

1. Entity Name  
**DAVIDOWITZ CONSULTING, INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90006 040 \*\*\*150.00

Principal Place of Business <b>527 WEST SPRINGTREE WAY LAKE MARY FL 32746</b>	Mailing Address <b>527 WEST SPRINGTREE WAY LAKE MARY FL 32746-6005</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3665 E BAY DR</b>	3. Mailing Address <b>3665 E BAY DR</b>
Suite, Apt. #, etc. <b>204</b>	Suite, Apt. #, etc. <b>204</b>
City & State <b>LARGO, FL</b>	City & State <b>LARGO, FL</b>
Zip <b>33771</b>	Country <b>US</b>

4. FEI Number <b>59-3469039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAVIDOWITZ, ROBERT  
527 WEST SPRINGTREE WAY  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent  
Name **KAREN DAVIDOWITZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**11850 9TH ST. N. APT 3208**  
City **ST. PETERSBURG** **FL** Zip Code **33716**

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 *Karen Davidowitz* DATE 3/25/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DAVIDOWITZ, AURORA</b>	
STREET ADDRESS <b>527 WEST SPRINGTREE WAY</b>	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>DAVIDOWITZ, ROBERT</b>	
STREET ADDRESS <b>527 WEST SPRINGTREE WAY</b>	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KAREN DAVIDOWITZ</b>	
STREET ADDRESS <b>11850 9TH ST. N. APT. 3208</b>	
CITY-ST-ZIP <b>ST. PETERSBURG, FL 33716</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Davidowitz* **ROBERT DAVIDOWITZ** Date 4/11/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)