

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

527 WEST SPRINGTREE WAY
LAKE MARY FL 32746

Mailing Address

527 WEST SPRINGTREE WAY
LAKE MARY FL 32746-6005

2. Principal Place of Business

3665 E BAY DR

Suite, Apt. #, etc.

204

City & State

LARGO, FL

Zip

33771

Country

US

3. Mailing Address

3665 E BAY DR

Suite, Apt. #, etc.

204

City & State

LARGO, FL

Zip

33771

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3469039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

3/25/00

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVIDOWITZ, AURORA	
STREET ADDRESS	527 WEST SPRINGTREE WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIDOWITZ, ROBERT	
STREET ADDRESS	527 WEST SPRINGTREE WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN DAVIDOWITZ	
STREET ADDRESS	11850 9TH ST. N. APT. 3208	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DAVIDOWITZ

Date

4/11/2000

Daytime Phone #

CR2E034 (9/99)