

# 2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **07000096058**  
1. Entity Name  
**EDINBURGH CONSULTING, INC**

Principal Place of Business  
**5840 NW 122 DRIVE  
CORAL SPRINGS, FL 33076**

Mailing Address  
**5840 NW 122 DRIVE  
CORAL SPRINGS, FL 33076**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**65-0794649**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FORDE, DOUG  
144 CORAL RIDGE DRIVE  
# 313  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent  
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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PS MICHALOW, MICHELLE J 5840 NW 122 DRIVE CORAL SPRINGS, FL 33076</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORDE, DOUG 5840 NW 122 DRIVE CORAL SPRINGS, FL 33076</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200003409142--9 -09/29/00--00000000 ****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Michelle J. Michalow** **Michelle J. Michalow** **9/18/00** **954-341-6635**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**Edinburgh Consulting, Inc.**

5840 NW 122nd Drive  
Coral Springs, FL 33076  
Phone: (954) 341-6635

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September 11, 2000

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

I did not receive the form necessary to renew my corporation "Edinburgh Consulting, Inc." FEI Number 65-0794649.

I am enclosing my personal check number 0177 in the amount of \$150.00 for the renewal for the year 2000.

Sincerely,

*Michelle J. Michalow*

Michelle J. Michalow  
President