

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000099354**

1. Entity Name

KROUSE CONSULTING, INC.**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90061 048 ***150.00

0454591

Principal Place of Business

**77 W. GRANADA BLVD
SUITE C
ORMOND BEACH FL 32174**

Mailing Address

**P.O. BOX 4178
ORMOND BEACH FL 32175**

2. Principal Place of Business

1398 Dunlawton Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite D

City & State

Port Orange Fl.

City & State

Zip

32127

Country

Zip

Country

4. FEI Number

59-3487852

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KROUSE, JOHN H
77 W. GRANADA BLVD
SUITE C
ORMOND BEACH FL 32175**

7. Name and Address of New Registered Agent

Name

Krouse, M.D. John H.

Street Address (P.O. Box Number is Not Acceptable)

1398 Dunlawton Ave.

Suite D

City

Port Orange**FL**

Zip Code

32127

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.

(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.
(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 **D** ☐ Delete
NAME **KROUSE, JOHN H**
STREET ADDRESS **77 W. GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Krouse, M.D. John H.**
STREET ADDRESS **1398 Dunlawton Ste. D**
CITY-ST-ZIP **Port Orange, Fl. 32127**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

4-6-01

Date

386-756-5000

Daytime Phone #

CR2E034 (10/00)