

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103242

1. Entity Name
DAVID CLISSET CONSULTING, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90013 008 ***150.00

Principal Place of Business

704 TRADEWINDS DR
BRANDON FL 33511
US

Mailing Address

704 TRADEWINDS DR
BRANDON FL 33511
US

2. Principal Place of Business

16232 COMPTON PALMS DR
Suite, Apt. #, etc.

3. Mailing Address

16232 COMPTON PALMS DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

Zip
33647

Country
USA

City & State
TAMPA, FL

Zip
33647

Country
USA

4. FEI Number 59-3479389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLISSET, DAVID
704 TRADEWINDS DR
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name DAVID CLISSET
Street Address (P.O. Box Number is Not Acceptable)
16232 COMPTON PALMS DR
City TAMPA FL Zip Code 33647

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 *David Clisset, President*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01
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 P
NAME CLISSET, D
STREET ADDRESS 704 TRADEWINDS DR
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLISSET, D
STREET ADDRESS 16232 COMPTON PALMS DR
CITY-ST-ZIP TAMPA, FL 33647 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *David Clisset, PRES.* - DAVID CLISSET 4/30/01 (B13) 903-8097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)