

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90197 001 ***150.00

DOCUMENT # P97000104278

1. Entity Name
J. LOUIS ASSOCIATES CONSULTANT GROUP, INC.



Principal Place of Business
**1410 SOUTH OCEAN DR
APT 904
HOLLYWOOD FL 33019**

Mailing Address
**1410 SOUTH OCEAN DR
APT 904
HOLLYWOOD FL 33019
US**



2. Principal Place of Business

1410 South Ocean Drive
Suite, Apt. #, etc.
#504

3. Mailing Address

J. Louis Assoc. Consultant Group Inc.
Suite, Apt. #, etc.
P.O. Box 4070

☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL

City & State
Hartford, CT

4. FEI Number **65-0805651**

Applied For
Not Applicable

Zip Country
33019 USA

Zip Country
06147 USA

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

6. Name and Address of Current Registered Agent

**DOLCHIN, STEVEN B ESQ.
THE OAKS, SUITE 202B
4330 SHERIDAN STREET
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PATTERSON, JAMES LOUIS**
STREET ADDRESS **1410 SOUTH OCEAN DR-APT 904**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **PATTERSON, JAMES LOUIS**
STREET ADDRESS **1410 SOUTH OCEAN DR-APT 504**
CITY-ST-ZIP **HOLLYWOOD, FL-33019** ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. PATTERSON

2-4-03 954-920-4869

Date

Daytime Phone #

CR2E034 (10/02)