2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P98000010211 MCBOWMAN CONSULTING GROUP, INC. 01-23-2001 90127 050 ***158.75 Mailing Address Principal Place of Business 1649 NW SETERBACE 3416 WILLOW WOOD Rd 1649 N.W. 56 TERBACE 34 16 WILLOW WOOD LAUDERHILL FL 33318 LAUDERHILL FL 33313/ Rd, C0008251 33319 2. Principal Place of Business 3. Mailing Address <u>3416 w</u>all <u>w</u> wood Rd 3416 Willow Wood Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Lauderhul Lauderhill Country \$8.75 Additional Country 5. Certificate of Status Desired 3319 BROWARD Fee Required 33319 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent moved From: CBOWINAW GREGORY MCBOWMAN, GREGORY 3 41.6-WILLOW Wood Rd. Street Address (P.O. Box Number is Not Acceptable) 1949/N.W. 56 VERRACE LAUDERHILL FL 33313 LAUDER HILL FL 3-lored A 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition D Delete TITLE mcBowman bregery 3416 Willow Wood RIAD MCBOWMAN, GREGORY NAME 1849-19.W. 56 TERRACE 3416 WILLOW Wood Rd. STREET ADDRESS STREET ADDRESS 33319 LAUDERHILL FL 33313 CITY-ST-ZIP Lauderbill, Fl 33319 CITY-ST-7IP Change Addition TITLE ☐ Delete MCBOWMAN GERTIE TITLE MCBOWMAN, GERTIE NAME NAME 1649 M.W. SE TERRACE 3416 WILLOW WOOD Rd. 3416 Willow Wood Rd STREET ADDRESS STREET ADDRESS 33319 Laudenhill 71 33319 CITY-ST-ZIP Lauderhill FL 33318 CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

1/10/2001 954-731-3540

Daytime Phone #

☐ Change

CR2E034 (10/

☐ Addition