

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029476

1. Entity Name
COURAGE CONSULTANTS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90048 050 ***150.00

Principal Place of Business

**432 SE 11TH STREET
UNIT B-106
DEERFIELD BEACH FL 33441**

Mailing Address

**432 SE 11TH STREET
UNIT B-106
DEERFIELD BEACH FL 33441-7045**

2. Principal Place of Business

813 SE 13 Ct.
Suite, Apt. #, etc.

3. Mailing Address

813 SE 13 Ct.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-0824869

Applied For

Not Applicable

Zip

33441

Country

U.S.A.

Zip

33441

Country

U.S.A.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COURAGE, EDMUND
432 SE 11TH STREET
UNIT B-106
DEERFIELD BEACH FL 33441**

Name

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

813 SE 13 Ct.

City

Deerfield Beach

FL

Zip Code

33441

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

02/04/2000

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, 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 **D** ☐ Delete
NAME **COURAGE, EDMUND**
STREET ADDRESS **432 SE 11TH STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **813 SE 13 Ct.**
CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

02/04/2000

CL 034 (9/99)