FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90207 019 ***150.00

UU110101

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041847

1. Entity Name
SEQUOIA CONSULTING, INC.

Principal Place of Business	Mailing Address
200 OCEAN AVE STE 202 MELBOURNE BEACH, FL 32951 US	C/O SEAN PHELAN 1134 ASHLEY AVE INDIAN HARBOR BEACH, FL 32937 US

2. Principal Place of Business	3. Mailing Address
463 HARBOR CITY BV	C/O SEAN PHELAN
Suite, Apt. #, etc. #7	Suite, Apt. #, etc. 1174 BAY DR E
City & State MELBOURNE, FL	City & State IND HBR BCH, FL
Zip 32935 Country US	Zip 32937 Country US

CHECK HERE IF MAKING CHANGES ☑

4. FEI Number 59-3521185 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PHELAN, SEAN
1134 ASHLEY AVENUE
INDIAN HARBOR BEACH, FL 32937

7. Name and Address of New Registered Agent
Name SEAN PHELAN
Street Address (P.O. Box Number Is Not Acceptable)
1174 BAY DRIVE E
City IND HBR BCH FL Zip Code 32937

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 Sean Phelan 15 Apr 2003
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHELAN, SEAN 1134 ASHLEY AVENUE INDIAN HARBOR BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1174 BAY DR E IND HBR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Sean Phelan 15 Apr 03 (321)984-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #