

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000043958

FILED  
Apr 24, 2003  
Secretary of State

**Entity Name:** JOHN MCKENZIE CONSULTING, INC.

**Current Principal Place of Business:**

5 MAIN STREET  
WINDERMERE, FL 34786

**New Principal Place of Business:**

837 OLD HICKORY ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5 MAIN STREET  
WINDERMERE, FL 34786

**New Mailing Address:**

837 OLD HICKORY ROAD  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3510967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MCKENZIE, JOHN H  
Address: 230 WEST PERSHING AVENUE  
City-St-Zip: LAKE ALFRED, FL 33850

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MCKENZIE, JOHN H  
Address: 837 OLD HICKORY ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H MCKENZIE

PRES

04/24/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date