Mar 05, 2003 8:00 am & Secretary of State **FILED**

03-05-2003 90086 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000047721

1. Entity Name

R. B. AND ASSOCIATES CONSULTING SERVICES, INC.

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Principal Place of Business 2859 PARADISE LAKE ROAD CHIPLEY FL 32428			Mailing Address 2859 PARADISE LAKE ROAD CHIPLEY FL 32428									
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 59-3507129			oplied For	
Zip	Zip Country			Zip Count				5. Certificate of Status Desired			8.75 Additional ee Required	
6. Name and Address of Current				legistered Agent			7. Name and Address of New Registered Agent					
						Name	To go or Teacher	والمناسب والمناسب المناسب المناسب المناسب		-	1	
BIGGINS, ERICA T 2859 PARADISE LAKE ROAD						Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
CHIPLEY FL 32428												
						City			FL	Zip Cod	e]	
the obligat	named entity tions of regist	y submits this statement fo ered agent.	r the purp	ose of changing its r	egister	ad office or r	registered	agent, or both, in the State of F	lorida. I am fa	amiliar with,	and accept	
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 Sta				tate				9. Election Campaign F Trust Fund Contributi			May Be to Fees	
10. OFFICERS AND I								ADDITIONS/CHANGES TO OF	EICERS AND I	DIBECTOR	2 INI 11	
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITL F

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition