

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050075

1. Entity Name

DEPORTER CONSULTING GROUP, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90006 031 ***150.00

Principal Place of Business

18459 PINES BOULEVARD
SUITE 105
PEMBROKE PINES FL 33029

Mailing Address

18459 PINES BOULEVARD
SUITE 105
PEMBROKE PINES FL 33029-1400

2. Principal Place of Business

1315 St. Tropez Circle

3. Mailing Address

1315 St. Tropez Circle

Suite, Apt. #, etc.

Suite 1401

Suite, Apt. #, etc.

Suite 1401

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

USA

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0856787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC, KEN
320 DAVIE BOULEVARD
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE P ☐ Delete
NAME DEPORTER, DAVID J
STREET ADDRESS 18500 NW 11 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME DEPORTER, DAVID J.
STREET ADDRESS 1315 St. Tropez Circle, Suite 1401
CITY-ST-ZIP Weston, FL 33326

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

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

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

954-385-7300

CB20001 (0/00)