

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90103 003 ***150.00

1200730 AV

DOCUMENT # P98000050075

1. Entity Name
DEPORTER CONSULTING GROUP, INC.

Principal Place of Business

**200 OCEAN TRAIL WAY
 SUITE 1206
 JUPITER FL 33477**

Mailing Address

**200 OCEAN TRAIL WAY
 SUITE 1206
 JUPITER FL 33477**

2. Principal Place of Business

**4903 Chancellor Dr.
 Suite, Apt. #, etc.
 #23**

3. Mailing Address

**4903 Chancellor Dr.
 Suite, Apt. #, etc.
 #23**

City & State

**Jupiter, Florida
 Zip 33458 Country USA**

City & State

**Jupiter, Florida
 Zip 33458 Country USA**

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, 2002 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 **1315 ST TROPEZ CIRCLE, SUITE 1401**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **VP** ☒ Delete
 NAME **GRAGO, LISA S**
 STREET ADDRESS **200 OCEAN TRAIL WAY, STE 1206**
 CITY-ST-ZIP **JUPITER FL 33477**

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 **P** ☒ Change ☐ Addition
 NAME **DEPORTER, DAVID J.**
 STREET ADDRESS **4903 CHANCELLOR DRIVE, #23**
 CITY-ST-ZIP **JUPITER, FL 33458**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

David J. DePorter

5-23-02

954-647-7275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)