

DOCUMENT # P98000054593

1. Entity Name

FINANCE, LAW & MANAGEMENT CONSULTING GROUP, INC.

Principal Place of Business

6 VIA BELLAND
PALM COAST
PALM COAST FL 32137-2273

Mailing Address

6 VIA BELLAND
PALM COAST
PALM COAST FL 32137-2273

2. Principal Place of Business

6 VIA BELLANO

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3519209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, B P ESQ.
1 FLORIDA PARK DRIVE SOUTH
ATRIUM SUITE B
PALM COAST FL 32137

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, 2001 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
NAME PRIGODA, ALEXANDER ☐ Delete
STREET ADDRESS 6 VIA BELLAND
CITY-ST-ZIP PALM COAST FL 32137

TITLE VP
NAME KADYRON, SERQUEL ☐ Delete
STREET ADDRESS 6 OSENNYI BLVD. APART. 108
CITY-ST-ZIP MOSCOW RU 72-1360

TITLE S
NAME PRIGODA, OLGA ☐ Delete
STREET ADDRESS 6 VIA BELLANO
CITY-ST-ZIP PALM COAST FL 32137

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 ☒ Change ☐ Addition
NAME 6 VIA BELLANO
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME KADYROV, SERGUEI
STREET ADDRESS
CITY-ST-ZIP MOSCOW, RUSSIA 121360

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90064 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)