

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-05-2003 90052 007 \*\*\*150.00

**DOCUMENT # P98000063033**

1. Entity Name  
**KORBULY CONSULTANTS INC.**



Principal Place of Business  
~~2060 S. MCCALL RD. STE 210~~  
~~ENGLEWOOD FL 34224~~  
**250 CAPSTAN DR**

Mailing Address  
~~2060 S. MCCALL RD. STE 210~~  
~~ENGLEWOOD FL 34224~~

*Delete!*

**30041793**



2. Principal Place of Business  
**250 CAPSTAN DR**

3. Mailing Address  
**250 CAPSTAN DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**PLACIDA, FL**

City & State  
**PLACIDA, FL**

4. FEI Number **65-0857420**

Applied For  
Not Applicable

Zip **33946** Country **CHARLOTTE**

Zip **33946** Country **CHARLOTTE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORBULY, JUDITH A**  
**250 CAPSTAN DRIVE**  
**CAPE HAZE FL 33946**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORBULY, JUDITH A</b>		NAME		
STREET ADDRESS	<b>250 CAPSTAN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE HAZE FL 33946</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORBULY, LASZLO</b>		NAME		
STREET ADDRESS	<b>250 CAPSTAN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE HAZE FL 33946</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: *Laszlo Korbuly* **LASZLO, J. KORBULY** 3/1/03 940698-0627  
SECY TREAS  
Date Daytime Phone #

CR2E034 (10/02)