

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90260 039 ***550.00

DOCUMENT # P98000078176

1. Entity Name
U.K. CONSULTANTS, INC.

Principal Place of Business **Mailing Address**
3452 NORTHEAST OCEAN CAUSEWAY BOULEVARD **3452 NORTHEAST OCEAN CAUSEWAY BOULEVARD**
#302 **#302**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**

2. Principal Place of Business **3. Mailing Address**
2067 WILD MEADOW CIR. **2067 WILD MEADOW CIR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
PORT ST LUCIE FLA **PORT ST LUCIE FLA**

Zip **Country** **Zip** **Country**
34952 **USA** **34952** **USA**

4. FEI Number **Applied For**
NOT APPLICABLE **Not Applicable**

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 12, 2001 Fee will be \$750.00**
☐ **Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **PEYTON, THOMAS P**
STREET ADDRESS **3452 NORTHEAST OCEAN CAUSEWAY BOULEVARD**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VSD** ☐ Delete
NAME **PEYTON, JANET D**
STREET ADDRESS **3452 NORTHEAST OCEAN CAUSEWAY BOULEVARD**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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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 **PTD** ☒ Change ☐ Addition
NAME **PEYTON, THOMAS P.**
STREET ADDRESS **2067 WILD MEADOW CIR**
CITY-ST-ZIP **PORT ST LUCIE FLA 34952**

TITLE **VSD** ☒ Change ☐ Addition
NAME **PEYTON, JANET D.**
STREET ADDRESS **2067 WILD MEADOW CIR**
CITY-ST-ZIP **PORT ST LUCIE FLA 34952**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 **Daytime Phone #**

CR2E034 (5/01)