2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000081130 DOCUMENT

1. Entity Name

ZEUS CONSULTING, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90055 046 ***158.75

Principal Place of Business 17187 GULF PINE CIRCLE WELLINGTON FL 33414		1718	Mailing Address 17187 GULF PINE CIRCLE WELLINGTON FL 33414				i sebuken ku sah	I 18311 88111 881	il aa ni ar i	* { 	11 filk 11 4 (11 1)	
2. Princip	oal Place of Busin	ness	3. M	ailing Address			 					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Number 65-0865122					Applied For		
.Zip		Country	Zip)	Country	/	5. Ce	ertificate of Statu		¬i	\$8.75 A	Vot Applicable
	6. Name	and Address of Curre	nt Register	ed Agent			1			<u> </u>	Fee Requi	red
	• .	-		- 4		Name	/ Nai	me and Addres	s of New Re	gisterec	Agent	
	, HERTA G					0						
	GULF PINE CIF				L	Street Address (P.O. Box	Number is Not.	Acceptable)			
WELLIN	IGTON FL 3341	14			Γ					_		
				•	<u> </u>	City					Zip Co	do.
8. The abo	ove named entity	submits this statement	for the pure	oco of changing its		· · ·			· <u> </u>	FI		
the obliq	gations of registe	submits this statement red agent.	tor the purp	ose of changing its i	registered	office or register	ed agent	t, or both, in the	State of Flori	ida. I am	familiar with	, and accept
SIGNATUR)E					*						
	Signature, typed or	printed name of registered age	nt and title if app	olicable. (NOTE:	: Registered Ag	ent signature required	when reinsta	atino)		DATE	<u> </u>	
Af Make Che	ter May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department) of State		· · · · · · · · · · · · · · · · · ·	·		9. Election Car Trust Fund (mpaign Fina	ncing	\$5.6	00 May Be
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21. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

WHE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #