

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90011 046 \*\*\*150.00

DOCUMENT # P98000086569

1. Entity Name

McAllister Consulting, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

163 E. Morse BLVD.

Suite, Apt. #, etc.

220

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

P. O. Box 716

Suite, Apt. #, etc.

City & State

Winter Park, FL.

Zip

32790-0716

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce D. McAllister

Street Address (P.O. Box Number is Not Acceptable)

1400 Green Cove Road

Winter Park, FL

City

Winter Park, FL

FL

Zip Code  
32789

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

STREET ADDRESS

CITY-ST-ZIP

PS

Bruce D. McAllister

1400 Green Cove Road

Winter Park, FL 32789

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE**

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 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 #

1-24-02

407-599-4451

CR2E034B (12/01)