

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90068 045 ***150.00

0015054

DOCUMENT # P98000094685

1. Entity Name

BROOME CONSULTING, INC.

Principal Place of Business

575 MOONLIGHT COURT
SAINT CLOUD FL 34771

Mailing Address

575 MOONLIGHT COURT
SAINT CLOUD FL 34771

2. Principal Place of Business

112 LAKEVIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

112 LAKEVIEW DR.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

4. FEI Number

59-3542912

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34769

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOME, KENDALE G
575 MOONLIGHT COURT
SAINT CLOUD FL 34771

7. Name and Address of New Registered Agent

Name BROOME, KENDALE G.

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

City ST. CLOUD

FL

Zip Code 34769

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

ILENDAL G. BROOME

[Signature]

20 FEB 2001

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	<input type="checkbox"/> Delete
NAME	BROOME, KENDALE G	
STREET ADDRESS	575 MOONLIGHT CT	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROOME, DEBORAH K	
STREET ADDRESS	575 MOONLIGHT CT	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOME, ILENDAL G.	
STREET ADDRESS	112 LAKEVIEW DR.	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOME, DEBORAH K.	
STREET ADDRESS	112 LAKEVIEW DR.	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)