

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000100255**1. Entity Name
CHILDERS CONSULTANTS, INC.**FILED**
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90054 001 ***150.00

09-08-2002 90054 002 ***400.00

Principal Place of Business
**2958 GOLDEN EAGLE DRIVE EAST
TALLAHASSEE FL 32312**Mailing Address
**2958 GOLDEN EAGLE DRIVE EAST
TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549415**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHILDERS, JAMES H
2958 GOLDEN EAGLE DRIVE EAST
TALLAHASSEE FL 32312**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **sp- CHILDERS, JAMES H** ☐ Delete
NAME
STREET ADDRESS **2958 GOLDEN EAGLE DRIVE EAST**
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **CHILDERS, MARILYN**
STREET ADDRESS **2958 GOLDEN EAGLE DR EAST**
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

JAMES H. CHILDERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8-14-02**
Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Arthur B. Person
442 Fourth Avenue
Indialantic, FL 32903

(321) 728-8081 (321) 733-1040 (800) 455-8799
Fax: (321) 723-7410 (321) 733-7014

P98000100258
98865

8/28/02

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Gentlemen - Enclosed are two checks,
one for \$150.00 and one for \$400.00 for
payment of the Uniform Business Report for
my client Childs Consultants Inc.

The original form was
misplaced by a temporary secretary and we
were not aware of it not being filed. I
am enclosing my check for \$400. for the
late filing penalty.

If there is any way this
penalty can be re-cinded I would certainly
appreciate it.

Sincerely

Arthur B. Person