

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90716 010 ***150.00

DOCUMENT # P99000004005

1. Entity Name
CONSULTING ON-LINE, INC.

Principal Place of Business

**1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825**

Mailing Address

**1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3551660**

Applied For
Not Applicable

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

**LEVINE, LEWIS J
1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825**

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.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
LEVINE, LEWIS J
1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
LEVINE, CHRISTINE K
1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: *Lewis J. Levine* Lewis J. Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/6/02 (727) 724-3226
(727) 515-7059**

CP2E034 (9/01)

Attachment
P 99000004005

866891

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

To Whom It May Concern,

I know I had the form in plenty of time to file, but as it was, I waited until the last minute. Two weeks ago, on Monday, April 22, my father passed away. I had to go out of town to help with the arrangements and for the funeral. This past weekend, after returning, I went through all the papers that should have been taken care of in the last week of April, and realized that I never filed my Uniform Business Report.

I am enclosing the normal filing fee, and hoping that you will forgive the late fee because of the circumstances. If there is any other information that you need, please feel free to contact me at the above address or telephone numbers, or at the e-mail address below.

Low Lorne

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