

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93592 019 ***150.00

**2002 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PP9000004904 ✓
 1. Entity Name
KRIS LARSON CONSULTING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7232 SAND LAKE RD
 Suite, Apt. #, etc.
205

3. Mailing Address
7232 SAND LAKE RD
 Suite, Apt. #, etc.
205

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO

City & State
ORLANDO

4. FEI Number **59-3549409** Applied For
 Not Applicable

Zip **32819** Country **USA** Zip **32819** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
 IN THIS SPACE**

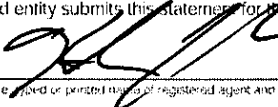
7. Name and Address of Current Registered Agent

Name
LARSON KRIS

Street Address (P.O. Box Number is Not Acceptable)
7232 SAND LAKE RD STE 205

City **ORLANDO** FL Zip Code **32819**

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  **5/13/02**
Signature of 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	POT LARSON, KRIS 7232 SAND LAKE RD STE 205 ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:  **5/13/02** **407-352-8890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day After Previous *

CR2E034B (12/01)