

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91333 036 ***158.75

DOCUMENT # P99000009064

1. Entity Name
MONARCH MANAGEMENT CONSULTANTS, INC.

Principal Place of Business
 14190 82ND AVE N
 SEMINOLE FL 33776

Mailing Address
 14190 82ND AVE N
 SEMINOLE FL 33776

2. Principal Place of Business
110 Oakridge Lane SE

3. Mailing Address
same

City & State
Winter Haven, FL

City & State
Florida

Zip
33884

Country
USA

4. FEI Number **59-3508404**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EINMO, DEBI
5164 CONROY ROAD, #1534
ORLANDO FL 32835

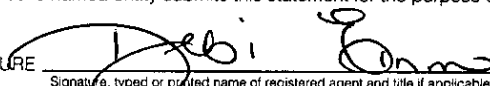
7. Name and Address of New Registered Agent

Name **Debi Einmo**

Street Address (P.O. Box Number is Not Acceptable)
110 Oakridge Lane SE

City **Winter Haven** FL Zip Code **33884**

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  DATE **4/30/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINMO, DEBI 13777 FEATHER SOUND CIRCLE, EAST, #607 CLEARWATER FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Debi Einmo 110 Oakridge Lane SE Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:  DATE **4/30/01** DAYTIME PHONE # **863-298-0125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)