

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90352 015 \*\*\*150.00

DOCUMENT # P99000017732

1. Entity Name  
TUCKER CONSULTING, INC.



Principal Place of Business  
2636 WEST GRAND RESERVE CIRCLE  
UNIT 929  
CLEARWATER FL 33759

Mailing Address  
2519 MCMULLEN BOOTH RD  
UNIT 510-226  
CLEARWATER FL 33761

2. Principal Place of Business  
18415 Rain Dance Trail  
Suite, Apt. #, etc.

3. Mailing Address  
2519 McMullen Booth Rd  
Suite, Apt. #, etc.  
Unit 510-226

City & State  
Dallas, TX

City & State  
Clearwater, FL

4. FEI Number 59-3559626

Applied For  
Not Applicable

Zip Country  
75252 COLLIN

Zip Country  
33761 Pinellas

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TUCKER, SCOTT V  
2519 MCMULLEN BOOTH RD  
UNIT 510-226  
CLEARWATER FL 33761

(SAME)

7. Name and Address of New Registered Agent

Name Scott V. Tucker  
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 Scott V. Tucker 1/15/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MR ☐ Delete  
NAME TUCKER, SCOTT V  
STREET ADDRESS 2519 MCMULLEN BOOTH RD UNIT 510-226  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott V. Tucker 1/15/03 727-421-3072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)