

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024435

1. Entity Name

TWO GUYS PROFESSIONAL CONSULTING SERVICE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90213 033 ***150.00

Principal Place of Business 15465 MEADOW WOOD DRIVE W PALM BEACH FL 33414	Mailing Address 15465 MEADOW WOOD DRIVE W PALM BEACH FL 33414-9008
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6801 LAKE WORTH ROAD. Suite, Apt. #, etc. 256. City & State LAKE WORTH, FLORIDA. Zip 33467	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country W PALM BEACH
--	---

4. FEI Number 65-0923100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent.

PARKE, FRANZ A ESQ.
 1110 S.W. 24TH AVENUE
 BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent.

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 _____ (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, 2000 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	PD HENRY, VICTOR 15465 MEADOW WOOD DRIVE W PALM BEACH FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D HENRY, THELMA 15465 MEADOW WOOD DRIVE W PALM BEACH FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKE, FRANZ 1110 S.W. 24TH AVENUE BOYNTON BEACH FL 33426 <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
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

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: *Victor Henry* **REGISTERED** 1/18/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #