2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900027161 1. Entity Name FLORIDA PROFESSIONAL LICENSING AND REGULATORY CO NSULTING SERVICES, INC.						FILED 03 MAY 13 AM II: 21
	e of Business YETTE ST., STE, 105 E FL 32301	P.O.	Mailing Address P.O. BOX 3025 TALLAHASSEE FL 32315-3025			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal F	Place of Business	3. Ma	3. Mailing Address			
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & Stat	e	City	City & State			4. FEI Number 59-3567944 Applied For Not Applicable
Zip Country		Zip	Zip Cour			5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Register	ed Agent	Name		7. Name and Address of New Registered Agent
FAIRCLOT RT. 2, BO	rh, dorothy j x 70-f				Address (P.	(P.O. Box Number is Not Acceptable)
BRISTOL		,			4556 N.W. BILLY FAIRCLOTH ROAD City BRISTOL, FL Zip Code 3232/	
SIGNATURE . F After	Signature, typed or printed name of registered a ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmer	.00	olicable. (NOT	E: Registered Agent signa	ature required w	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ND DIRECTO	l	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAIRCLOTH, DOROTHY J RT 2 BOX 70-F BRISTOL FL 32321		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4556	RELOTH, DOROTHY J. Change Addition 6 N.W. BILLY FAIRCLOTH ROAD USTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAIRCLOTH, WILLIAM J RT 2 BOX 70-F BRISTOL FL 32321		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAIR 4556	RCLOTH, WILLIAM J. Change Addition of N.W. BILLY FAIRELOTH RORD ISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		10001984516 hange Addition 05/23/03-01043-021 **550.00
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
indicated of the cor	on this report or supplemental repo poration or the receiver or trustee e or on an attachment with an addre	ort is true and mpowered to ss, with all oth	accurate and that rexecute this report er like empowered	ny signature shall l as required by Ch	nave the sa	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath; that I am an officer or director f. Florida Statutes; and that my name appears in Block 10 or Block 11 if 5/3/0.3 (850) 643-23/6 Daytime Phone #