

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038209

1. Entity Name

INFORMATION TECHNOLOGY CONSULTATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90063 014 ***150.00

Principal Place of Business

Mailing Address

11749 81ST PLACE NORTH
SEMINOLE FL 33772

11749 81ST PLACE NORTH
SEMINOLE FL 33772-4033

2. Principal Place of Business

3. Mailing Address

6105 WEST BLVD.

6105 WEST BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MELROSE, FL.

MELROSE, FL.

City & State

City & State

4. FEI Number

59-3569905

Applied For

Not Applicable

Zip

Country

32666

USA

Zip

Country

32666

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNTSEN, ROBERT S
11749 81ST PLACE NORTH
SEMINOLE FL 33772

Name BERNTSEN, ROBERT S.

Street Address (P.O. Box Number is Not Acceptable)

6105 WEST BLVD

City

MELROSE

FL

Zip Code

32666

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

Robert S. Berntsen

3/22/00

Signature, typed 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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BERNTSEN, ROBERT S
STREET ADDRESS 11749 81ST PLACE NORTH
CITY-ST-ZIP SEMINOLE FL 33772

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STREET ADDRESS 6105 WEST BLVD.
CITY-ST-ZIP MELROSE, FL. 32666

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☐ Change

☐ 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:

Robert S. Berntsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

(352) 475-3351

Daytime Phone #

CR2E034 (9/99)