

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90643 033 \*\*\*150.00

**DOCUMENT #** P99000059301

1. Entity Name

TOUCHDOWN CONSULTING, INC.

Principal Place of Business

303 Florida Avenue  
Tampa, FL 33612

Mailing Address

303 Florida Avenue  
Tampa, FL 33612

2. Principal Place of Business

303 Floriland Avenue

Suite, Apt. #, etc.

3. Mailing Address

303 Floriland Avenue

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number

59-3627741

Applied For

Not Applicable

Zip  
33612

Country  
USA

Zip  
33612

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00056918

## 6. Name and Address of Current Registered Agent

Berry, Tatia Marie  
303 Floriland Avenue  
Tampa, FL 33612

## 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

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) ☐

**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

TITLE P ☐ Delete  
NAME Berry, Tatia M.  
STREET ADDRESS 303 Floriland Avenue  
CITY-ST-ZIP Tampa, FL 33612

TITLE VPST ☐ Delete  
NAME Berry, Michael D.  
STREET ADDRESS 303 Floriland Avenue  
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 like empowered.

SIGNATURE:

*Tatia M. Berry*  
TATIA M. BERRY, President

4-13-01

Date

933-2223

Daytime Phone #

CR2E034 (11/00)