

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0606785

DOCUMENT # P99000064530

1. Entity Name

FAR CONSULTING SERVICES, INC

04-06-2001 90027 009 ***150.00

Principal Place of Business

Mailing Address

5400 S. UNIVERSITY DR
 SUITE 404
 PARIE FL 33328-5311

5400 S. UNIVERSITY DR
 SUITE 404
 PARIE FL 33328-5311

2. Principal Place of Business

3. Mailing Address

1413 VERACRUZ LANE

1413 VERACRUZ LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

4. FEI Number

65-0939790

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEASLEY, DAVID J
1214 E ROBINSON STREET
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
P WILLIAMS, GARY E
5400 S UNIVERSITY DR STE 404
PARIE FL 33328-5311

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
P WILLIAMS, GARY E.
1413 VERACRUZ LANE
WESTON, FL. 33327

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
 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:

Gary E. Williams **GARY E. WILLIAMS**

4/2/2001
 Date

954-252-4909
 Daytime Phone #

CR2E034 (10/00)