## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P99000073933 F & L CONSULTING, INC. 03-02-2001 90099 049 \*\*\*150.00 Principal Place of Business Mailing Address 2392 DOMINICA BUN 2392 DOMINICA RUN WINTER PARK F: 32792 WINTER PARK F: 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3597234 Not Applicable Country Zip 7ip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Matthews-Cole, Victoria G. MATTHEWS-COLE, VICTORIA G > 3392 DOMINICA RUN WINTER PARK FL 32792 Winter Park, FL 32792 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) **PSTD** TITLE Change ☐ Addition TITLE ☐ Delete MATTHEWS-COLE, VICTORIA G NAME STREET ADDRESS 2392 DOMINICA RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK F: 32792 Delete ☐ Change ☐ Addition TITLE TiTl F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP 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.

Victoria 7. Matthews Cole President 2/24/01 (407)673-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA Matthews - Cole

Date

Date

Date

Date

Date

Date

Daysime Phone #