FILED Mar 05, 2002 8:00 am **Secretary of State**

03-05-2002 90134 041 ***150.00

2002	UNIFORM	BUSINESS	REPORT	(UBR)
				

P99000073933

DOCUMENT #

F & L CONSULTING, INC.

Principal Place of Business

Mailing Address

7923 NASHUA LANE ORLANDO F: 32817

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3. Mailing Address

1923 Nashua Suite, Apt. #, etc.

7923 Nashua Lane



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

City & State Orland

Country

4. FEI Number 59-3597234

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Not Applicable

Applied For

\$8.75 Additional

6. Name and Address of Current Registered Agent

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

MATTHEWS-COLE, VICTORIA G

2392 DOMINICA RUN **WINTER PARK FL 32792**

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

7923 Nashualane

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

ture dyned or printed name of registered approach tight applicable S - Co (QTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD matthews-Cole, Victoria G. Strange 7923 Nashua Lane TITLE TITLE ☐ Detete NAME MATTHEWS-COLE, VICTORIA G NAME 2392 DOMINICA RUN STREET ADDRESS STREET ADDRESS Orlando, FL 32817 WINTER PARK F: 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS