

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

04-23-2003 90103 020 ***150.00

DOCUMENT # 999000074730

1. Entity Name

APPLIED CONSULTING GROUP, INC.



DO NOT WRITE IN THIS SPACE

55044941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 361192

Suite, Apt. #, etc.

3. Mailing Address

717 EAST OAK STREET

Suite, Apt. #, etc.

City & State
MELBOURNE, FL

City & State
KISSIMMEE, FL

4. FEI Number
59-3596446

Applied For
Not Applicable

Zip
32936

Country

Zip
34744

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HARRY J. SWART, CPA

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

717 EAST OAK STREET

City

KISSIMMEE

FL

Zip Code
34744

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P, S, T, D
ROBERT R. DINGMAN
P.O. BOX 361192
MELBOURNE, FL 32936

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/23/2003-90103-020-\$150.00-\$150.00

0128128 AV

Attachment

DOCUMENT # **P99000074730**

1. Entity Name

APPLIED CONSULTING GROUP, INC.



Principal Place of Business

394 ROYAL PALM DR.
MELBOURNE FL 32935

Mailing Address

394 ROYAL PALM DR.
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APPLIED CONSULTING GROUP, INC.
P.O. BOX 361192
MELBOURNE, FL 32936

APPLIED CONSULTING GROUP, INC.
P.O. BOX 361192
MELBOURNE, FL 32936

City & State

City & State

Zip

Zip

Country

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3596446

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SWART, HARRY J CPA
717 E. OAK STREET
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINGMAN, ROBERT R 394 ROYAL PALM DR. MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	APPLIED CONSULTING GROUP, INC. P.O. BOX 361192 MELBOURNE, FL 32936	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03

CR2E034 (10/02)