

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90015 049 \*\*\*150.00

**DOCUMENT # P99000083067**

1. Entity Name  
**CONVERGED CONSULTING, INC.**

Principal Place of Business  
**3523 LONE PINE RD  
 DELRAY BEACH FL 33445**

Mailing Address  
**3523 LONE PINE RD  
 DELRAY BEACH FL 33445**

**653952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**125 N Congress Ave**  
 Suite, Apt. #, etc.  
**Suite # 14**

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**  
 Zip  
**33445** Country  
**Palm Bch**

City & State  
 Zip  
 Country

4. FEI Number **65-0948914**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FELDMAN, ROBERT  
 33 SE 4TH ST  
 SUITE 102  
 BOCA RATON FL 33432**

**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 *Cheryl Kruger* **428-01**  
 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>KRUGER, MARK R</b>
STREET ADDRESS	<b>3523 LONE PINE RD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<b>TS</b> <input type="checkbox"/> Delete
NAME	<b>KRUSER, CHERYL</b>
STREET ADDRESS	<b>3523 LONE PINE RD</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cheryl Kruger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)