2000 UNIFORM BUSINESS REPORT (UBR)

HGNATURE:

May 02, 2000 8:00 am Secretary of State DOCUMENT # P99000083650 1. Entity Name DELPHI CONSULTING GROUP, INC. 03-04-2000 90020 041 ***150.00 Mailing Address Principal Place of Business OAK STREET 3017 OAK STREET THE SERVICE FL 32205 JACKSONVILLE FL 32205-8617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Neme and Address of New Registered Agent -6: Name and Address of Current Registered Agent BAILET, PETER D Street Address (P.O. Box Number is Not Acceptable) 3017 OAK STREET JACKSONVILLE FL 32205 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) TITLE Change ☐ Addition TITLE ☐ Delete NAME Bailet, Peter D NAME STREET ADDRESS 3017 OAK STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE ☐ Defet€ ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Change ___ Addition Delete TITLE NAME STREET ADDRESS innést mégrabb SY 7:P CITY-ST-ZIP ☐ Change Addition ☐ Delate TITLE HB F NAME STREET ADDRESS SHIERT ANDRESS HY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME HIRET ADDRESS STREET ADDRESS 314-ST-719 City-St-ZIP ☐ Delete TITLE [] Change Addition ШĘ TABLE TREET MANAGE STREET ADDRESS 55 - ZIP CITY-ST-IP 5. Thereby 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

2-25-00

RINTED NAME OF SIGNING OFFICER OR DIRECTOR