


## 04-07-2004 90038 012 \*\*\*150.00

<div>000000000000 P990000090752</div> <div>1. Entity Name SAPPHIRE CONSULTANTS, INC.</div>		<div></div> <div>Secretary of State</div> <div>04-07-2004 90038 012 ***150.00</div>																																																																																																																									
<div>Principal Place of Business</div> <div>713 PINESIDE LANE NAPLES, FL 34108</div>		<div>Mailing Address</div> <div>713 PINESIDE LANE NAPLES, FL 34108</div>																																																																																																																									
<div>2. Principal Place of Business</div> <div>636 Cypress Way E.</div> <div>Suite, Apt. #, etc.</div>		<div>3. Mailing Address</div> <div>636 Cypress Way E.</div> <div>Suite, Apt. #, etc.</div>																																																																																																																									
<div>City &amp; State</div> <div>Naples FL</div> <div>Zip</div> <div>34110</div> <div>Country</div>		<div>City &amp; State</div> <div>Naples FL</div> <div>Zip</div> <div>34110</div> <div>Country</div>																																																																																																																									
<div>4. FEI Number</div> <div>13-3974232</div>		<div>Applied For</div> <div>No! Applicable</div>																																																																																																																									
<div>5. Certificate of Status Desired</div> <div><input type="checkbox"/></div>		<div>\$8.75</div> <div>0000000000</div>																																																																																																																									
<div>6. Name and Address of Current Registered Agent</div> <div>SUPPES, MICHELLE P 713 PINESIDE LANE NAPLES, FL 34108</div>		<div>7. Name and Address of New Registered Agent</div> <div>Name</div> <div>Street Address (P.O. Box Number is Not Acceptable)</div> <div>636 Cypress Way E.</div> <div>Naples</div> <div>City</div> <div>FL</div> <div>Zip Code</div> <div>34110</div>																																																																																																																									
<div>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.</div> <div>SIGNATURE</div> <div>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div>																																																																																																																											
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution.</div> <div><input type="checkbox"/></div> <div>\$5.00</div> <div>0000000000</div>																																																																																																																									
<div>10. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SUPPES, MICHELLE P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>713 PINESIDE LANE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES, FL 34108</td><td></td></tr><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ANTHONY, MARK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>713 PINESIDE LANE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES, FL 34108</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	S	<input type="checkbox"/> Delete	NAME	SUPPES, MICHELLE P		STREET ADDRESS	713 PINESIDE LANE		CITY-ST-ZIP	NAPLES, FL 34108		TITLE	S	<input type="checkbox"/> Delete	NAME	ANTHONY, MARK		STREET ADDRESS	713 PINESIDE LANE		CITY-ST-ZIP	NAPLES, FL 34108		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			<div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div> <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>636 Cypress Way E.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>34110</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>President/Director</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>636 Cypress Way E.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>34110</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	636 Cypress Way E.		STREET ADDRESS	34110		CITY-ST-ZIP			TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	636 Cypress Way E.		STREET ADDRESS	34110		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		
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<div>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</div> <div>SIGNATURE: Michelle Suppes</div> <div>4/4/04 239.598.2300</div> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>Date</div> <div>Daytime Phone #</div>																																																																																																																											