

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095471

1. Entity Name
B L CONSULTING GROUP INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90006 045 ***150.00

Principal Place of Business
7 WINNEBAGO ROAD
FORT LAUDERDALE FL 33308

Mailing Address
7 WINNEBAGO ROAD
FORT LAUDERDALE FL 33308

2. Principal Place of Business
P.O. BOX 39143
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 39143
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL
Zip
33339
Country
USA

City & State
FT. LAUDERDALE FL
Zip
33339
Country
USA

4. FEI Number ☒ 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

CRAIG, BARRY
7 WINNEBAGO ROAD
FORT LAUDERDALE FL 33308

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CRAIG, BARRY 7 WINNEBAGO ROAD FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE OF BARRY CRAIG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-00 Date (937) 7889289 Daytime Phone #

99000095471 (Added)
00079477

B.L. CONSULTING GROUP INC.

P.O. Box 39143
Ft. Lauderdale, FL 33339
U.S.A.

Tel. (954) 489 0770
Fax (954) 782 0928
email: inconas@aol.com

July 3, 2000

FL Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

Dear Sirs,

I spoke a few days ago to one of your agents, indicating that the 'First Notice' of the UBR for this corporation was never received. The agent therefore confirmed that I should return the second notice with a check for \$150 which I am enclosing with this letter.

Thank you for your kind cooperation.

Yours truly,



Barry L. Craig
President