

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90371 021 ***150.00

DOCUMENT # P99000096097

1. Entity Name
BNS CONSULTING, INC.



Principal Place of Business
10194 CANOE BROOK CIRCLE
BOCA RATON, FL 33498 US

Mailing Address
10693 WILES ROAD
224
CORAL SPRINGS, FL 33076-2014 US

44042330



2. Principal Place of Business
1407 BELMONT LA
Suite, Apt. #, etc.

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

04272004 Chg-P CR2E034 (10/03)

City & State
NORTH LAUDERDALE, FL
Zip
33068
Country
BROWARD

City & State
Zip
Country

4. FEI Number
65-0961292
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SYROP, BARBARA
10194 CANOE BROOK CIRCLE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name
JERRY M. SYROP
Street Address (P.O. Box Number is Not Acceptable)
1407 BELMONT LANE
City
NORTH LAUDERDALE FL
Zip Code
33068

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 JERRY M. SYROP Jerry M. Syrop 4-27-04
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, 2004 Fee will be \$550.00

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
PSD
SYROP, BARBARA
10194 CANOE BROOK CIRCLE 1407 BELMONT LA
BOCA RATON, FL 33498 N. LAUDERDALE, FL 33068

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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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.

SIGNATURE: Barbara Syrop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #