

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90152-015-\$550.00-\$550.00

DOCUMENT # P99000096811

1. Entity Name

BACHMANN & ASSOCIATES CONSULTING INC.

FILED

00 SEP 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1591 PLEASANT PARK DRIVE, E.
JACKSONVILLE FL 32225

Mailing Address

1591 PLEASANT PARK DRIVE, E.
JACKSONVILLE FL 32225

2. Principal Place of Business

1591 Pleasant Park Dr. E.

Suite, Apt. #, etc.

3. Mailing Address

1591 Pleasant Park Dr. E.

Suite, Apt. #, etc.

City & State

Jacksonville Fla.

Zip

32225

Country

USA

City & State

Jacksonville Fla.

Zip

32225

Country

USA

4. FEI Number

59-3605136

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACHMANN, MARC
1591 PLEASANT PARK DRIVE, E.
JACKSONVILLE FL 32225

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

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 \$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

TITLE: President
NAME: Marc Bachmann
STREET ADDRESS: 1591 Pleasant Park Drive East
CITY-ST-ZIP: Jacksonville Fla 32225

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ 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:

MARC BACHMANN

9/9/2000

(904)646-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)