

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90039 045 ***150.00

DOCUMENT # P99000098443

1. Entity Name

SIEGFRIED CONSULTANTS, INC.

Principal Place of Business

**566 EAGLE WATCH LANE
 OSPREY FL 34229**

Mailing Address

**566 EAGLE WATCH LANE
 OSPREY FL 34229**

2. Principal Place of Business

1414 Point Crisp Rd

Suite, Apt. #, etc.

3. Mailing Address

1414 Point Crisp Rd

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34242

Country

City & State

Sarasota FL

Zip

34242

Country

4. FEI Number

65-0969983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SIEGFRIED, THOMAS A
 566 EAGLE WATCH LANE
 OSPREY FL 34229**

7. Name and Address of New Registered Agent

Name **Siegfried, Thomas A**
 Street Address (P.O. Box Number is Not Acceptable)
1414 Point Crisp Rd
 City **Sarasota** **FL** Zip Code **34242**

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

1/16/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **SIEGFRIED, THOMAS A**
 STREET ADDRESS **566 EAGLE WATCH LANE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Siegfried, Thomas A**
 STREET ADDRESS **1414 Point Crisp Rd**
 CITY-ST-ZIP **Sarasota, FL 34242**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02

CR2E034 (9/01)