

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90038 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **529880** ✓

1. Entity Name

R.G. CONSULTING, INC.

R0000000

Principal Place of Business
4440 PGA BLVD.
SUITE 402
PALM BEACH GARDENS, FL
33410

Mailing Address
4440 PGA BLVD.
SUITE 402
PALM BEACH GARDENS, FL
33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0243539

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CYLESTE MAY WOLLETT
 4440 PGA BLVD., SUITE 402
 PALM BEACH GARDENS, FL 33410

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)

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	P RICHARD GUDOIAN 11980 KESWICK WAY, PBG, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARD GUDOIAN 11980 KESWICK WAY, PBG, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD GUDOIAN 11980 KESWICK WAY, PBG, FL 33418	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

Richard Gudoin Pres. **RICHARD GUDOIN** 3-8-01

CR2E034 (11/00)