

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90035 050 ***150.00

DOCUMENT # 542611

1. Entity Name

Consultware, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6759 23rd Street North

Suite, Apt. #, etc.

3. Mailing Address

6759 23rd Street North

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

Zip

33702

Country

City & State

St. Petersburg, FL

Zip

33702

Country

4. FEI Number

59-3059546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Miguel E. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

6749 23rd Street North

City

St. Petersburg

FL

Zip Code

33702

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DS	Lydia M. Rodriguez	6759 23rd Street North	St. Petersburg, FL 33702				
DPT	Miguel E. Rodriguez	6759 23rd Street North	St. Petersburg, FL 33702				
DV	Manuel I. Rodriguez	6759 23rd Street North	St. Petersburg, FL 33702				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Miguel E. Rodriguez MIGUEL E RODRIGUEZ 4/24/02 727-526 8249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)