

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50103

1. Entity Name

FLORIDIAN INVESTMENT CONSULTANTS, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90044 024 ***150.00

Principal Place of Business

11912 RACE TRACK ROAD
TAMPA FL
US

Mailing Address

14250 COLONIAL GRAND BLVD
APT. 2902
ORLANDO FL 32837
US

SARUJE

2. Principal Place of Business

11912 Racetrack Rd.
Suite, Apt. #, etc.

3. Mailing Address

11912 Racetrack Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3074636

Applied For

Not Applicable

Zip

Country

33626

USA

Zip

Country

33626

USA

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

O'NEILL, BERNARD C JR
200 EAST ROBINSON STREET
SUITE 865
ORLANDO FL 32801

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]

Signature, typed or printed name of registrant, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME MITCHELL, MICHAEL J
STREET ADDRESS 14250 COLONIAL GRAND BLVD., #2902
CITY-ST-ZIP ORLANDO FL

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

TITLE VS ☐ Delete
NAME MITCHELL, JOYCE G
STREET ADDRESS 15420 COLONIAL GRAND BLVD., #2902
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01
Date

813-854-3688
Daytime Phone #

CR2E034 (10/00)