

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S57027**

1. Entity Name
GARY CONSULTING, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 021 ***550.00

Principal Place of Business
**4812 COBIA DR SE
APT C
ST. PETERSBURG FL 33705
US**

Mailing Address
**P.O. BOX 47367
ST. PETERSBURG FL 33743-7367
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 Huntington Lane
Suite, Apt. #, etc.

3. Mailing Address

1201 Huntington Lane
Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-3075213

Applied For

Not Applicable

Zip

34658

Country

US

Zip

34658

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARY, MONTY R.
4812 COBIA DR SE
APT C
ST. PETERSBURG FL 33705**

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

[Handwritten Signature]

8/13/00

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	D	<input type="checkbox"/> Delete
NAME	GARY, MONTY	
STREET ADDRESS	4812 C COBIA DR SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARY, RUSSELL	
STREET ADDRESS	318 WHITE OAK STREET	
CITY-ST-ZIP	THOMASON GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/00
Date

813 2216333
Daytime Phone #

727 723 1193

CR2E034 (5/00)