

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75806

1. Entity Name

CONSULTANTS CONTINENTAL, INC.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90076 013 ***150.00

Principal Place of Business

Mailing Address

6001 BRIDGEWATER CIRCLE
P.O. BOX 1619
PONTE VEDRA BEACH FL 32082

6001 BRIDGEWATER CIRCLE
P.O. BOX 1619
PONTE VEDRA BEACH FL 32004-1619

2. Principal Place of Business

3. Mailing Address

P.O. Box 1619

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

6001 Bridgewater Cir
Ponte Vedra Beach FL

Ponte Vedra Beach FL

Zip

Country

Zip

Country

32082

St. Johns

32082

St. Johns

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMICHEN, JOHN
6001 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH FL 32082

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD ☐ Delete
NAME MCMICHEN, JOHN
STREET ADDRESS 6001 BRIDGEWATER CIR
CITY-ST-ZIP PONTE VEDRA BCH FL

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

TITLE SVT ☐ Delete
NAME DEAN, JODI
STREET ADDRESS 6001 BRIDGEWATER CIR
CITY-ST-ZIP PONTE VEDRA BCH FL

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

TITLE D ☐ Delete
NAME DEAN, JODI
STREET ADDRESS 6001 BRIDGEWATER CIR
CITY-ST-ZIP PONTE VEDRA BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4, 00 904-285-3433
Date Daytime Phone #

CR2E034 (9/99)