

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S88297**

1. Entity Name
BUSINESS MANAGEMENT CONSULTANTS INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90717 043 ***150.00

0378/51 AV

Principal Place of Business
**6405 S. DIXIE HWY
WEST PALM BEACH FL 33405**

Mailing Address
**6405 S. DIXIE HWY
WEST PALM BEACH FL 33405**

11000000



2. Principal Place of Business
7009 Pinetree Ln.
Suite, Apt. #, etc.

3. Mailing Address
7009 Pinetree Ln.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
W. Palm Beach FL
Zip
33406

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W. Palm Beach FL
Zip
33406

4. FEI Number
65-0292208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEE, SHARON E.
6405 S DIXIE HWY
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7009 Pinetree Lane
City **W. Palm Beach** FL Zip Code **33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEE, SHARON E.
6405 S DIXIE HWY
WEST PALM BEACH FL 33405**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7009 Pinetree Lane
W. Palm Beach FL 33406**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 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

Pres. 4/25/03
Date

Daytime Phone #

CR2E034 (10/02)