2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

S88297 **DOCUMENT #**

1. Entity Name

BUSINESS MANAGEMENT CONSULTANTS INC.



6405 S. DIXIE HWY	
WEST PALM BEACH FL 33405	

2. Principal Place of Business

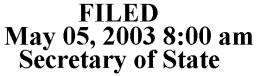
7009 Suite, Apt. #, etc.

Principal Place of Rusiness

Mailing Address 6405 Š. DIXIE HWY

WEST PALM BEACH FL 33405

3. Mailing Address Suite, Apt. #, etc.



05-05-2003 90717 043 ***150.00



CHECK HERE IF MAKING CHANGES

Wity & Sta	m Beach FL	- City 8	State PalmB	eas	h t	-ر	4. F	El Number 65-0292208		Applied For Not Applicable
3340	Country Palm Beer	1 210	406	Colla	mB	each	5. C	Certificate of Status Desired - >	\$8.75 A Fee Requi	dditional red
	6. Name and Address of Curr	ent Registered	l Agent				7. N	lame and Address of New Registe	ered Agent	
LEE, SHA 6405-S D WEST-PA	<u> </u>				Street A	ddress (P	О В:	ox Number is Not Acceptable) nettree Lame.		
8. The above	a named entity submits this statemen	nt for the purpo	se of changing its	registere	City .	Paly	n]	Deach.	FL Zinco	106
	tions of registered agent.						9-			ii, ama ara opi
SIGNATURE										
Sidir Hone	Signature, typed or printed name of registered a	gent and title if applic	cable. (NOTE	: Registered	1 Agent signat	ure required w	vhen reii	instating) D	ATE	
Afte Make Chec	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	t of State						Election Campaign Financing Trust Fund Contribution.	Add	.00 May Be ed to Fees
10.		ND DIRECTOR	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, SHARON E. 6405 S DIXIE HWY WEST PALM BEACH FL 3340	` <u> </u>	☐ Delete	•		700 W.	g Fa	Pinetree Lane Im Beach FL.	(Venange 3340 (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	¥.		☐ Delete	1					☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 47.		☐ Delete			<u>-</u>	: -		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied		☐ Delete	CITY-	T ADDRESS ST-ZIP		-		☐ Change	

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.

Daytime Phone #