

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90440 026 \*\*\*150.00

**DOCUMENT # V11930**

1. Entity Name  
**ARTHUR SUSSMAN CONSULTING A.S.C. INC.**



Principal Place of Business  
**1316 HICKORY MOSS PLACE  
NEW PORT RICHEY FL 34655  
US**

Mailing Address  
**1316 HICKORY MOSS PLACE  
NEW PORT RICHEY FL 34655  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3111505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSSMAN, ARTHUR N  
1247 FLORIDA AVE  
PALM HARBOR FL 34683**

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

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SUSSMAN, SHARON  
1316 HICKORY MOSS PLACE  
NEW PORT RICHEY FL 34655** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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

**1/8/03**

Date

**2273724648**

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT #

V11930

7006715



SAUNDERS, GREENFIELD & CO.  
9225 ULMERTON ROAD SUITE H  
LARGO, FLORIDA 33771  
(727) 518-0000  
FAX (727) 518-7733



## TAX INSTRUCTION SHEET

TO: Sharon Sussman

DATE:

### TYPE OF TAX:

941	1120	1040	TANGIBLE	1099
940	1120S	SALES TAX	OTHER:	W-3 W-2
UCT-6	1065	ESTIMATE	DEPOSITORY	1096

MAIL RETURN TO:

DUE BEFORE:



OTHER



ENVELOPE ATTACHED

PAYMENT DUE - MAKE CHECK TO:

IN THE AMOUNT OF: 150.00



INTERNAL REVENUE SERVICE



FLORIDA DEPARTMENT OF REVENUE



US TREASURY



FLA UNEMPLOYMENT COMPENSATION FUND



PINELLAS CITY TAX COLLECTOR



OTHER FL DEPT OF STATE



PLACE FED ID NUMBER ON CHECK



PLACE SOC. SECURITY # ON CHECK

#

#

Licence for OR Corp



REFUND:



IN THE AMOUNT OF

\$



APPLIED TO



REFUNDED TO YOU

TO BE SIGNED BY:



OFFICER



TAXPAYER



SPOUSE



BOTH



OWNER

## RETAIN THIS SHEET - DO NOT MAIL