

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90007 006 ***150.00

00001043



DO NOT WRITE IN THIS SPACE

DOCUMENT # V13100 1. Entity Name HUBBART CONSULTING INC.				00001043 DO NOT WRITE IN THIS SPACE					
Principal Place of Business P. O. BOX 17277 WEST PALM BEACH FL 33416-7277		Mailing Address P. O. BOX 17277 WEST PALM BEACH FL 33416-7277							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		4. FEI Number 65-0311821		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HUBBART, PAMELA K. 8164C ANDOVER CT WEST PALM BEACH FL 33406					
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 <u>Pamela Hubbard</u> DATE <u>1-4-01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>									
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HUBBART, PAMELA K. 8164C ANDOVER CT WEST PALM BEACH FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, JEAN A. 13257 TANGERINE BLVD WEST PALM BEACH FL			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, LORI 2301 LANDING BLVD WEST PALM BECH FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16969 86th Rd M/ORTH LOXACHATCHEE FL 33470			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Pamela Hubbard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1-4-01</u> <small>Date</small>		<u>561-964-4003</u> <small>Daytime Phone #</small>			

CF2E034 (10/00)