

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90024 012 ***150.00

DOCUMENT # V52047

1. Entity Name

RE-ACT CONSULTING, INC.

Principal Place of Business

12800 OAK KNOLL DR
 PALM BCH GRDNS FL 33418
 US

Mailing Address

12800 OAK KNOLL DR
 SUITE 353
 PALM BCH GARDENS FL 33418
 US

2. Principal Place of Business

13150 CAMERO WAY

Suite, Apt. #, etc.

3. Mailing Address

13150 CAMERO WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS, FL

Zip
33418

Country
USA

City & State
PALM BEACH GARDENS, FL

Zip
33418

Country
USA

4. FEI Number **65-0355245**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POLICH, DONALD G
12800 OAK KNOLL DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name **POLICH, DONALD G.**

Street Address (P.O. Box Number is Not Acceptable)

13150 CAMERO WAY

City **PALM BEACH GARDENS** FL Zip Code **33418**

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 **Donald G. Polich**

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

Donald G. Polich

(NOTE: Registered Agent signature required when reinstating)

2-15-01

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, 2001 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

TITLE **PD** Delete
 NAME **POLICH, DONALD G.**
 STREET ADDRESS **12800 OAK KNOLL DRIVE**
 CITY-ST-ZIP **PALM BCH GRDNS FL 33418**

TITLE **V** Delete
 NAME **POLICH, NELVA A**
 STREET ADDRESS **12800 OAK KNOLL DR**
 CITY-ST-ZIP **PALM BCH GRDNS FL 33418**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Change Addition
 NAME **POLICH, DONALD G.**
 STREET ADDRESS **13150 CAMERO WAY**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **V** Change Addition
 NAME **POLICH, NELVA A**
 STREET ADDRESS **13150 CAMERO WAY**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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: *Donald G. Polich* **Donald G. Polich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

(561) 627-4702

Daytime Phone #

CR2E034 (10/00)