

# 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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
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 STREET ADDRESS  
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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)