

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2
091100

DOCUMENT # V63780

1. Entity Name

P.A. CONSULTANTS, INC.

FILED

00 SEP 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5031 BRADFORD RD
JACKSONVILLE FL 32217

5031 BRADFORD ROAD
JACKSONVILLE FL 32217-4809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3142253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, ROBERT
3805 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32217

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENNETT, RANDY
5031 BRADFORD RD
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENNETT, JANICE
5031 BRADFORD RD
JACKSONVILLE FL ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
800003420698-9
-10/10/00--01085--016
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☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

Janice Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

730-9627

Daytime Phone #

CR2E034 (9/99)

PAY LOC ✓

Dear Dept. of State
Division of Corporations,

I am so sorry that this was not previously mailed. As you can see I filled this out 4/28/00. My husband put it in his brief case to mail. Unfortunately, he lost his job and when he did he brought his brief case home and put it in the corner closet where it's been for several months. He just got another job last week - and today brought me this! Please accept it as payment - and forgive the tardiness and late fee. It will take us months to get out of date as it is. Our credit cards are maxed out. Friends are helping us. Please accept