

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

0401371 AV

04-10-2003 90094 030 \*\*\*150.00

**DOCUMENT # V70390**

1. Entity Name  
**CONSEPS CONSULTING GROUP LTD. INC**



Principal Place of Business  
**% ROBERT WENECK  
200 W PALMETTO PK.. RD. STE. 306  
BOCA RATON FL 33432**

Mailing Address  
**% ROBERT WENECK  
200 W PALMETTO PK.. RD. STE. 306  
BOCA RATON FL 33432**



2. Principal Place of Business  
*Robert Weneck*  
Suite, Apt. #, etc.  
*5568 FOX HOLLOW DR*  
City & State  
*BOCA RATON FL*

3. Mailing Address  
*Robert Weneck*  
Suite, Apt. #, etc.  
*5568 FOX HOLLOW DR*  
City & State  
*BOCA RATON FL*

Zip  
*33486* Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0361333** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**WENECK, ROBERT  
200 W. PALMETTO PK., RD.  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
Name *WENECK Robert*  
Street Address (P.O. Box Number is Not Acceptable)  
*5568 FOX HOLLOW DRIVE*  
*BOCA RATON FL 33486*  
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 *Robert Weneck* DATE *4/8/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>DP WENECK, ROBERT 5568 FOX HOLLOW DRIVE BOCA RATON FL 33486</b> <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
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

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 WENECK* DATE *4/8/03* DAYTIME PHONE # *561 347 7121*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)