

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27206

Entity Name: STUART CONSULTING GROUP, INC.**Current Principal Place of Business:**2213 ALAQUA DRIVE
LONGWOOD, FL 32779**Current Mailing Address:**2213 ALAQUA DRIVE
LONGWOOD, FL 32779**FEI Number:** 59-3117785**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABOFF, SHELDON J
2213 ALAQUA DRIVE
LONGWOOD, FL 32779 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ABOFF, JOANNE A
Address	2213 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	ABOFF, JOANNE A
Address	2213 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	EVPD
Name	ABOFF, SHELDON J
Address	2213 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	S
Name	ABOFF, JOANNE A
Address	2213 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	SVP, DIRECTOR
Name	ABOFF, BRAD S
Address	2213 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	T
Name	ABOFF, SHELDON J
Address	2213 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELDON J ABOFF**EXEC VICE PRESIDENT****04/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date