

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 031 ***150.00

DOCUMENT # P01000034235

1. Entity Name

M2 Consulting, Inc.

DO NOT WRITE IN THIS SPACE

B0124370

2. Principal Place of Business
M2 Consulting, Inc.

3. Mailing Address
M2 Consulting, Inc.

Suite, Apt. #, etc.
3211 N.W. 123rd Avenue

Suite, Apt. #, etc.
3211 N.W. 123rd Avenue

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country
U.S.A.

Zip
33065

Country
U.S.A.

4. FEI Number

Applied For

☒ Not Applicable

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

7. Name and Address of Current Registered Agent

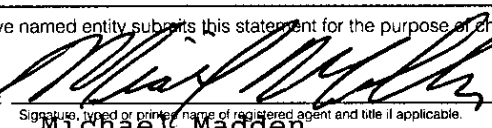
Name
Michael Madden

Street Address (P.O. Box Number is Not Acceptable)
3211 N.W. 123rd Avenue

City
Coral Springs FL Zip Code
33065

**DO NOT WRITE
IN THIS SPACE**

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  05.28.02
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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/C
Michael Madden
3211 N.W. 123rd Avenue
Coral Springs, FL 33065

TITLE
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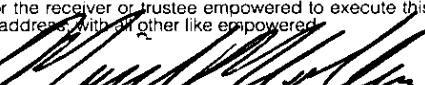
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Madden

05.28.02 954.227.5500

Date Daytime Phone #

CR2E034B (12/01)