2001	UNIFORM BUSI	NESS REPO	RT (UBR)		FD
1. Entity Nam			. /	Apr 18, 20	01 8:00 am
He	Altherine Consulting	Options, INC		<b>Secretary</b> 04-18-2001 9004	
Principal Place		Mailing Address			
104 M	Adeira Drive Swa, VA 23693	104 MAdein Yorktown	VA23693		
1011	i -	10111		A0051	060
2. Principal Place of Business 104 MAdeita Drive 104 MAdeita			A Drive.		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE
City & State	DWN, VA	City & State	V A	4. FEI Number 65-0906535	Applied For Not Applicable
ا <sub>Zip</sub> 2369	3 Country USA	Z3693	Country USA	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
СT	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registere	d Agent
120	Corporation Sys o Pine Island	Road	Street Addre	ess (P.O. Box Number is Not Acceptable)	
PLAN	HAHION, FL 33	3324			
	/		City	F	L Zip Code
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida.	····· L <sub>22</sub>
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT	E- Registered Agent signature re	quired when reinstating) DATE	
9. This corpo	pration is eligible to satisfy its Intangible		III FEE IS \$150.00		
	requirement and elects to do so. ria on back)		01 Fee will be \$550 de to Department of		Added to Fees
11. TITLE	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS	NANSwetty Johnna G 8279C Thames BLVD		NAME NAME NAME NAME	(Answetto, Johnna G. 04 Madeira Drive	💢 Change 🗆 Addition
CITY-ST-ZIP TITLE	BOCA RAtore FL 33 Vice President			Orktown, VA 23693	Change 🗌 Addition
NAME STREET ADDRESS	MANSwetto, Nichelas 8279 C Thames B Boca Raton, PL 33		NAME 1	ANSwetto, Nicholds P.	
CITY-ST-ZIP	BOCA RATION, PL33		CITY-ST-ZIP	or MAdelta Drive Orktown, VA 23693	
TITLE NAME		🗆 Delete	TITLE NAME		Change 🗋 Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		Delete	TITLE NAME		Change Caddition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP	·	
TITLE NAME		Delete	TITLE		Change Addition
STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS CITY - ST- ZIP		
TITLE		Delete	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS CITY - ST - ZIP		
CITY - ST - ZIP		this filing does not qualify fo	or the exemption stated	in Section 119 07(3)(i) Elorida Statutes   further	certify that the information
nulualeu	certify that the information supplied with on this report or supplemental report is	True and accurate and that i	my sinnatura shali haya	the come legal effect as if mode under noth, the	
13. I hereby indicated of the co	) OF LEIS TEDOLE OF SUDDIEMENTAL REPORT IS	wered to execute this report	my signature shall have as required by Chapte	r 607, Florida Statutes; and that my name appear	
13. I hereby indicated of the co	FURE: Auno J. Man	true and accurate and that i wered to execute this report with all other like empowered	my signature shall have as required by Chapte	the same legal effect as if made under oath; that r 607, Florida Statutes; and that my name appear	am an officer or director s in Block 11 or Block 12 if