

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080582

1. Entity Name

CONSOLIDATED COMPANIES INTERNATIONAL, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90046 002 ***150.00

Principal Place of Business 314 SO. MISSOURI AVENUE STE 200 CLEARWATER FL 34616	Mailing Address 314 SO. MISSOURI AVENUE STE 200 CLEARWATER FL 34616
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. Box 2193
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TARPON SPRINGS, FL	City & State
Zip 34688-2193	Country USA

4. FEI Number 59-3339613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NICHOLAS, JAMES A 314 SO. MISSOURI AVENUE STE 200 CLEARWATER FL 34616	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	-----------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NICHOLAS, JAMES A 314 SO. MISSOURI AVENUE STE 200 CLEARWATER FL 34616	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NICHOLAS, JAMES A. 1720 Longview Lane TARPON SPRINGS, FL 34616
TITLE VPD	<input type="checkbox"/> Delete MARAIS, F.E. 9897 INDIAN KEYTRAIL SEMINOLE FL 33776	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> Delete KHAN, ALEM 903 PENINSULA ROAD TARPON SPRINGS FL 34689	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **02/11/00** **727-446-1588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)