

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 509378**

1. Entity Name

**CONSUMER ACCOUNT SYSTEMS, INC.****FILED****Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90091 027 \*\*\*158.75

032234

Principal Place of Business	Mailing Address
<b>308 TEQUESTA DRIVE SUITE 11 TEQUESTA FL 33469</b>	<b>308 TEQUESTA DRIVE SUITE 11 TEQUESTA FL 33469</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00000001



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>59-1726036</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>DYKE, CAROL 308 TEQUESTA DRIVE SUITE 11 TEQUESTA FL 33469</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	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

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	STETZER, CHARLES W.	NAME	
STREET ADDRESS	308 TEQUESTA DRIVE, SUITE 11	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	DYKE, CAROL	NAME	
STREET ADDRESS	308 TEQUESTA DRIVE, SUITE 11	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)