

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90174 027 \*\*\*150.00

**DOCUMENT # F96000001833**

1. Entity Name

CONSO INTERNATIONAL CORPORATION



Principal Place of Business  
513 N DUNCAN BYPASS  
UNION SC 29379  
US

Mailing Address  
PO BOX 326  
UNION SC 29379



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0986680**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	FINDLAY, J CARY	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	FINDLAY, KONSTANCE J K	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ZONIN, RICHARD A	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	CAO	<input type="checkbox"/> Delete
NAME	ABBOTT, LESUE	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE	COOV	<input checked="" type="checkbox"/> Delete
NAME	GAUSS, CAL	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION SC 29379	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUANE SOUTHERLAND	
STREET ADDRESS	513 N. DUNCAN BYPASS	
CITY-ST-ZIP	UNION, SC 29379	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK RIZZO	
STREET ADDRESS	513 N DUNCAN BYPASS	
CITY-ST-ZIP	UNION, SC 29379	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kristina Quiberte* **REQUIRE CAO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)