

DOCUMENT # 99 00 00 00 060

CONSOLIDATED BILLING SYSTEMS, INC

FILED Jun 29, 2001 8:00 am Secretary of State

05-18-2001 91218 030 \*\*\*150.00

Consolidated Billing Systems, Inc.

1600 S. Dixie Hwy, Ste. 400 Boca Raton, FL. 33432

2. SAME SAME

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0848741

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

NEIL D. SOLLINGER 2923 SPANISH TRAIL DELRAY BEACH, FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits the 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

NEIL P. SOLLINGER, President 4/14/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

PSDTC Neil D. Sollinger 100 E. JAMPARA SUITE 100 POMPANO BEACH, FL 33064

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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 in 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

Department #

Handwritten signatures and dates: Neil D. Sollinger - President, 4/14/00