

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12394

1. Entity Name

CONSUMER SOLUTIONS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90137 037 ***150.00

Principal Place of Business

Mailing Address

7140 TRYSAIL CIR
TAMPA FL 33607-5848
US

4532 W. KENNEDY BLVD
STE 270
TAMPA FL 33609-2042
US

2. Principal Place of Business

3. Mailing Address

7160 TRYSAIL CIR
Suite, Apt. #, etc.

7160 TRYSAIL CIR
Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33607

Hillsborough

33607

Hillsborough

4. FEI Number

65-0142429

Applied For

Not Applicable

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

LEVY, SUSAN
7140 TRYSAIL CIR.
TAMPA FL 33607

Name

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

7160 TRYSAIL CIRCLE

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

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)

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 IN 11

TITLE PD ☐ Delete
NAME LEVY, SUSAN A
STREET ADDRESS 7140 TRYSAIL CIR.
CITY-ST-ZIP TAMPA FL 33607-5848

TITLE ☐ Change ☐ Addition
NAME 7160 TRYSAIL CIRCLE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

4/24/00 813 636 9595

CR2E034 (9/99)