

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 041 ***150.00

DOCUMENT # L12394

1. Entity Name

CONSUMER SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 ISLAND WAY

Suite, Apt. #, etc.

103

3. Mailing Address

750 ISLAND WAY

Suite, Apt. #, etc.

103

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767

Country

PINELLAS

Zip

33767

Country

PINELLAS

4. FEI Number

650142429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SUSAN A. LEVY

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

750 ISLAND WAY #103

City

CLEARWATER

FL

Zip Code

33767

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

Susan A. Levy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DD	SUSAN A. LEVY	750 ISLAND WAY #103	CLEARWATER FL 33767

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan A. Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2-21-03

Daytime Phone #

127-449-0231

cell 127-638-1589

CR2E034B (12/02)