

2002

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

**FILED
Mar 13, 2002 8:00 am
Secretary of State**

03-13-2002 90035 032 ***150.00

DOCUMENT # **L 22423**

1. Entity Name

CONSAC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1177 LOUISIANA AVE.

Suite, Apt. #, etc.

STE. 101

3. Mailing Address

1177 LOUISIANA AVE.

Suite, Apt. #, etc.

STE. 101

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-2967145

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

23789

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SACKETT, CONNIE
243 WEST PARK AVE. STE 101
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ASHLEY, CONNIE
1177 LOUISIANA AVE. STE 101
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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

SIGNATURE: *Connie Ashley, Pres.* *Connie Ashley, President* *2/18/02* *919-331-8005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)