2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000006535

•	OD CONSORTIUM, INCOR	PORATED)	v/			05-02-2003 90745 0	37 ****61	.25	
Principal Plac	ce of Business	Mailir	ng Address	Y		7				
5006 TROUBLE CREEK RD #128 NEW PORT RICHEY FL 34652		500 6 1	5006 TROUBLE CREEK RD #128 NEW PORT RICHEY FL 34652							
								100 1 00 100 100 10	ILI AIRI ILA	
2. Principal Place of Business		1	3. Mailing Address							
12552 Belcher Rd Suite, Apt. #, etc.			12552 Belcher Rd							
Suite, Apt.	:. #, etc.	Su	uite, Apt. #, etc.				CHECK HERE IF MAKING	CHANGES		
City & State			City & State			4. FEI Number 59-3649405 Applied For				
Largo, FL			Largo, FL					No	ot Applicable	
Zip	Country	Zi		Cou	•	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
33773	Pinellas6. Name and Address of Curre	3377		Pine	11as	7 Name and Add	fress of New Registered		<u> </u>	
	a151-eeth-a	Jit. I La Graver	July 18 and 18 a		Name		. I and the state of the state	- Harris		
CRABB, H.G.			Street Address (s (PO Box Number is	P.O. Box Number is Not Acceptable)			
5006 TROUBLE CREEK RD., #128					Silect Address (I.O. Box Number is Not Acceptable)					
NEW PQ	RT RICHEY FL 34652									
					City		FL	Zip Cod	e	
8. The above	e named entity submits this statemer	nt for the purp	oose of changing its	registere	d office or reais	stered agent, or both, in		familiar with.	and accept	
	itions of registered agent.	, - ,		Ü					,	
									ł	
SIGNATURE	Signature, typed or printed name of registered a	nent and title if any	nlicable (NOTE	- Registerer	Agent signature regu	ired when reinstating)	DATE			
٠		9011 4314 3110 11 40				and triorionously				
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing				\$5.00 May Be Make Check Payable to			
	FILE NOW: FEE 15 \$01.25		9. Election Can	npaign F	nancing	\$5 00 May Re	Make Checi	k Pavable	to	
14			9. Election Can Trust Fund C		~ —	\$5.00 May Be Added to Fees	Make Checl Florida Depar			
			Trust Fund C	ontributi	~ —	Added to Fees	Florida Depar	tment of S	State	
10.	OFFICERS AND	DIRECTORS	Trust Fund C	ontributi	on.	Added to Fees		tment of S	State 10	
TITLE	DP	DIRECTORS	Trust Fund C	11.	on.	Added to Fees	Florida Depar	tment of S	State	
	DP TOWNE, DOUGLAS G	DIRECTORS	Trust Fund C	11. TITLE	on.	Added to Fees	Florida Depar	tment of S	State 10	
TITLE NAME	DP TOWNE, DOUGLAS G	DIRECTORS	Trust Fund C	11. TITLE NAME STREE	on.	Added to Fees	Florida Depar	tment of S	State 10	
TITLE NAME STREET ADDRESS	DP TOWNE, DOUGLAS G 9951 12TH WAY N., #201 ST. PETERSBURG FL 33716 DS	DIRECTORS	Trust Fund C	11. TITLE NAME STREE	ET ADDRESS ST-ZIP	Added to Fees	Florida Depar	tment of S	State 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP TOWNE, DOUGLAS G 9951 12TH WAY N., #201 ST. PETERSBURG FL 33716 DS DOULOU, GUST	DIRECTORS	Trust Fund C	11. TITLE NAME STREI CITY- TITLE NAME	et address St-zip	Added to Fees	Florida Depar	RECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP TOWNE, DOUGLAS G 9951 12TH WAY N., #201 ST. PETERSBURG FL 33716 DS DOULOU, GUST 7391 118TH TERRACE N.	DIRECTORS	Trust Fund C	TITLE NAME STREE CITY TITLE NAME STREE	ET ADDRESS ST-ZIP	Added to Fees	Florida Depar	RECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOWNE, DOUGLAS G 9951 12TH WAY N., #201 ST. PETERSBURG FL 33716 DS DOULOU, GUST 7391 118TH TERRACE N. LARGO FL 33773	DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY TITLE NAME CITY CITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Added to Fees	Florida Depar	RECTORS IN Change	10 Addition Addition	
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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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

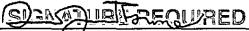
TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



☐ Delete

4130103

☐ Change

Addition

FILED

May 02, 2003 8:00 am § Secretary of State