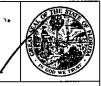
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100001248

1. Entity Name

## THE CONSORTIUM DEVELOPMENT GROUP INC.



**FILED** Jun 16, 2003 8:00 am Secretary of State 06-16-2003 90138 049 \*\*\*\*61.25

Principal Place of Business		Mailing Address	Mailing Address					
10251 COMFORT CIR. RM 201 A & B DRLANDO FL 32825		10251 COMFORT CIR. RM ORLANDO FL 32825	10251 COMFORT CIR. RM 201 A & B ORLANDO FL 32825					
2. Principal P	Place of Business	3. Mailing Address	,					
			-		(1 <b>4</b> 1) <b>29</b> () <b>28</b> () <b>39</b> () <b>30</b> () <b>39</b> ()	1 (1010 1101) 0100:	1 1411 1411	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State		4. FEI Number <b>59-</b> 3	1683434	Арр	lied For	
							Applicable	
Zip Country Zip			Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			ional	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Addres	ss of New Registered A	gent		
JONES, FERNANDA M JR 10251 COMFORT CIR, RM 201 A & B ORLANDO FL 32825			Name	Name				
			Street Address (P.O. Box Number is Not Acceptable)					
	named entity submits this statemer		City		FL	Zip Code		
SIGNATURE .	Signature, typed of printed rame of registered at	9. Election Ca	TE: Registered Agent signature req impaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.	OFFICERS AND	DIBECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIE	ECTORS IN :	10	
TITLE	In .	□ Delete	TITLE	ADDITIONO/CHANGEO	TO OFFICE IO AND OFF		☐ Addition 3	
NAME !	JONES, VICKI D	builde	NAME					
STREET ADDRESS	10251 COMFORT CIR, RM 201	STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP				i	
NAME STREET ADDRESS CITY-ST-ZIP	JONES, FERNANDA M 10251 COMFORT CIR, RM 20 ORLANDO FL 32825	NAME STREET ADDRESS CITY-ST-ZIP	• . •	, see a see an	□ Change	. Addition		
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	KOCH, ROBERT		NAME					
STREET ADDRESS   CITY-ST-ZIP	1235 DORCHASTER ST		STREET ADDRESS CITY-ST-ZIP					
TITLE	ORLANDO FL 32825	Delete	TITLE			☐ Change	☐ Addition	
NAME	COYNE, KENNETH	□ Delete	NAME			onlinge	Addition	
STREET ADDRESS	942 DELFINO PLACE		STREET ADDRESS				]	
CITY-ST-ZIP	LAKEMARY FL 32746		CITY-ST-ZIP				}	
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			Cheese	- Addition	
title Name		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP					
of the cor	certify that the information supplied of this report or supplemental report or supplemental report poration or the receiver or trustee et , or on an attachment with an address	moowered to execute this repor	t as required by Chapter	n Section 119.07(3)(i), Florid he same legal effect as if n 617, Florida Statutes; and t	da Statutes. I further cert nade under oath; that I a hat my name appears in	fy that the info n an officer or Block 10 or E	ormation r director Block 11 if	