

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91307 048 ****61.25

0039452

DOCUMENT # N93000004378

1. Entity Name

NATIONAL CONSOLIDATORS, INC.



Principal Place of Business

**1500 SE 3RD CT.
SUITE 106
DEERFIELD BEACH FL 33441**

Mailing Address

**1500 SE 3RD CT.
SUITE 106
DEERFIELD BEACH FL 33441**

11024403



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0340597**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FOX, JACQUELINE
1523 E. HILLSBORO BLVD. #134
DEERFIELD BEACH FL 33441**

Name _____
Street Address (P.O. Box Number is Not Acceptable)
1423 E. HILLSBORO BLVD #319
DEERFIELD BCH
City **FL** Zip Code **33441**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD						
	FOX, JACQUELINE						
		1423 W HILLSBORO BLVD #319	DEERFIELD BEACH FL 33441			1423 E. HILLSBORO BLVD #319	DEERFIELD BCH FL 33441
	SD						
	VAN ORDEN, SHARON						
		1500 SE 3RD CT, #106	DEERFIELD BEACH FL 33441				
	VD						
	BARBERE, SALLY						
		1500 SE 3RD CT #106	DEERFIELD BEACH FL 33441				

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.

SIGNATURE: **Jacqueline Fox** **4-23-03** **954-425-4362**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)