

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91437 024 ***150.00

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DOCUMENT # P01000031585

1. Entity Name
CONSOLIDATION RESOURCE CENTER, INC.



Principal Place of Business
**5030 78TH AVENUE NORTH
#8
PINELLAS PARK FL 33781**

Mailing Address
**5030 78TH AVENUE NORTH
#8
PINELLAS PARK FL 33781**



2. Principal Place of Business

3. Mailing Address

6251-34th Street No.

6251-34th Street No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Pinellas Park FL

Pinellas Park FL

Zip

Country

Zip

Country

33781

33781

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3723079**

Applied For

Not Applicable

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

**LANG, DOUGLAS
8215 SOLANO BAY LANE
#1123
TAMPA FL 33635**

Name

DOUGLAS LANG

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

10129 PARLEY DR.

City

TAMPA

FL

Zip Code

33626

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, VINCENT**
CITY-ST-ZIP **1714 LAKEWOOD DR. S
ST PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LANG, DOUGLAS**
CITY-ST-ZIP **1714 LAKEWOOD DR S
SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)