

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

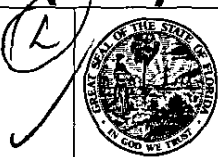
FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90070 046 ***150.00

0138831 AT

DOCUMENT # P02000092578

1. Entity Name
CONSOLIDATED ASSETS, INC.



Principal Place of Business
**5450 CYPRESS GROVE CIR
PUNTA GORDA FL 33982**

Mailing Address
**5450 CYPRESS GROVE CIR
PUNTA GORDA FL 33982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

**QUINLAN, CAROLYN
5450 CYPRESS GROVE CIR
PUNTA GORDA FL 33982**

Name

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

City

FL

Zip Code

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PRESIDENT / TREASURER
CAROLYN QUINLAN
5450 CYPRESS GROVE CIRCLE
PUNTA GORDA, FL 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**VICE PRESIDENT / SECRETARY
SUSAN E. SOLA
5450 CYPRESS GROVE CIRCLE
PUNTA GORDA, FLORIDA 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Caroline Quinlan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03

Date

941-637-6455

Daytime Phone #

CR2E034 (4/03)

Attachment #

80138505
P02000092578

August 08, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Uniform Business Report Filings

To Whom It May Concern:

Enclosed, please find the Uniform Business Report for Consolidated Assets and a check in the amount of one hundred fifty dollars (\$150.00).

This is the first notification that has been received and we felt the amount of five hundred fifty dollars (\$550.00) to be excessive. In checking with our accountant, we were advised that the fee was high and the Division of Corporations should be contacted for clarification.

In speaking with Tyrone Scott (Division of Corporations), we were advised that this fee included penalties for not filing in a timely manner. Explaining that this was the first receipt of the 2003 Uniform Business Report, Mr. Scott recommended attaching this letter of explanation, and request that penalties be forgiven and to included a check in the amount specified in the first paragraph of this letter.

Thank your for your consideration.

Sincerely:



Carolyn Quinlan
President

Consolidated Assets
5450 Cypress Grove Circle
Punta Gorda, FL 33982
941-637-6455