

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90025 043 ***158.75

DOCUMENT # P94000059523

1. Entity Name

CONSOLIDATED FINANCIAL MANAGEMENT, INC.

Principal Place of Business

**5615 22ND ST. E
 BRADENTON FL 34203**

Mailing Address

**5615 22ND ST. E
 SUITE 780
 BRADENTON FL 34203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0517940

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

GILMORE, BONNIE S

5615 22ND ST. E.

BRADENTON FL 34203

Name

Bonnie S. Bird

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

5615 22ND ST E

City

Bradenton

FL

34203

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.

SIGNATURE

Bonnie S. Bird

2/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 GILMORE, BONNIE S
 5615 22ND ST. E.
 BRADENTON FL 34203** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Bird, Bonnie S ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 BIRD, BONNIE
 5615 22ND ST E
 BRADENTON FL 34203** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Bird, Bonnie S ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie S. Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02 941-751-9784

Date

Daytime Phone #

CR2E034 (9/01)