SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
03 JUL 14 PM 2:10

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003109

1. Entity Name
CONSORTIUM 2000 LTD., INC.

Principal Place of Business	Mailing Address
1433 STONEWAY LANE W PALM BEACH, FL 33417	P.O.BOX 223544 WEST PALM BEACH, FL 33422

500021746005 *558.75

2. Principal Place of Business	3. Mailing Address
2501 WESTGATE AVE	2501 WESTGATE AVE
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33409 Country PALM BEACH	Zip 33409 Country PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0551046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JOHN
1443 STONEWAY LANE
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

Name John M. Collins
Street Address (P.O. Box Number is Not Acceptable) 2501 Westgate Avenue, Suite 4
City West Palm Beach FL Zip Code 33409

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] 7/3/03
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS COLLINS, JOHN 1443 STONEWAY LANE W PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COLLINS, JOHN 1701 E. 12th Street, 18-A West Cleveland, OH 44114	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] 7/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #