

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 023 ***150.00

DOCUMENT # P95000039063

1. Entity Name



CONSORTIUM INTERNATIONAL, INC.

10100878

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 SCOTIA DRIVE

Suite, Apt. #, etc.

SUITE 303

City & State

HYDOLUXO, FL

Zip

33462

Country

USA

3. Mailing Address

700 SCOTIA DRIVE

Suite, Apt. #, etc.

SUITE 303

City & State

HYDOLUXO, FL

Zip

33462

Country

USA

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4. FEI Number

65-0028878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BROWN, TUCKER G.

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

700 SCOTIA DRIVE

SUITE 303

City

HYDOLUXO

FL

Zip Code

33462

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D. BROWN, TUCKER G.
700 SCOTIA DR., STE. 303
HYDOLUXO, FL 33462

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TUCKER G. BROWN, DIRECTOR

04/15/2003

Date

Daytime Phone #

CR2E034B (12/02)