

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90396 003 ***150.00

0491413 AV

DOCUMENT # P95000045400

1. Entity Name
CONSUMER RESOURCE, INC.



Principal Place of Business
**25949 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763**

Mailing Address
**25949 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763**



2. Principal Place of Business
8601 LITTLE RD
Suite, Apt. #, etc.

3. Mailing Address
8601 LITTLE RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NEW PORT RICHEY, FL
Zip
34654
Country
PASCO

City & State
NEW PORT RICHEY, FL
Zip
34654
Country
PASCO

4. FEI Number **59-3320413**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BORNEMANN, WILLIAM A
25949 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8601 LITTLE RD
City
NEW PORT RICHEY FL Zip Code
34654

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 *William A. Bornemann*
Signature, typed or printed name of registered agent and title if applicable.

**WILLIAM A.
BORNEMANN**

4-28-03

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	BORNEMANN, WILLIAM A.	
STREET ADDRESS	4333 FALLBROOK BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORNEMANN, BARBARA	
STREET ADDRESS	4333 FALLBROCK BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William A. Bornemann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. BORNEMANN

4-28-03

Date

**727
797-1700x**

Daytime Phone #

236

CR2E034 (10/02)