

2002 UNIFORM BUSINESS REPORT (UBR)

0043093 AV

DOCUMENT # P96000064881

1. Entity Name
CONSUMER LENDING ALLIANCE, INC.

FILED

02 JAN 30 PM 5:07

Principal Place of Business
971 EAST TENNESSEE ST.
TALLAHASSEE FL 32308-6908

Mailing Address
971 EAST TENNESSEE ST.
TALLAHASSEE FL 32308-6908

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3393673

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CONIGLIO, MICHAEL J
971 BRIARCLIFF RD
TALLAHASSEE FL 32308-6908

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.

SIGNATURE _____
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 PD
NAME CONIGLIO, MICHAEL J
STREET ADDRESS 971 BRIARCLIFF RD
CITY-ST-ZIP TALLAHASSEE FL 32308-6908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004913138-8
-02/13/02-01018-001
****300.00 ****150.00

TITLE V
NAME CONIGLIO, MARY JANE
STREET ADDRESS 971 BRIARCLIFF RD
CITY-ST-ZIP TALLAHASSEE FL 32308-6908 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
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: SIGNATURE MICHAEL J. CONIGLIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 JAN 2002 850 6813111
Date Daytime Phone #

CR2E034 (9/01)