

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0046426 AV

DOCUMENT # P96000064881

1. Entity Name
CONSUMER LENDING ALLIANCE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 APR -9 AM 10:18

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3393673

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

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. 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

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

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

2 APR 03

850 681 3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)