2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91214 048 ***158.75

DOCUMENT # **P96000087753**

1. Entity Name
CONSOLIDATED EQUITIES & CONSULTING, INC.

Principal Place of Business	Mailing Address
6044 GLENDALE DRIVE BOCA RATON, FL 33433	6044 GLENDALE DR BOCA RATON, FL 33433

11005253

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22126 Colony Dr.	22126 Colony Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton	City & State: Boca Raton
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. FEI Number: **65-0731415** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, JAMES E.
6044 GLENDALE DR.
BOCA RATON, FL 33343

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 22126 Colony Dr.
City: Boca Raton, FL 33433
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] — 4-17-2003
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	D MILLER, JAMES E 6044 GLENDALE DRIVE BOCA RATON, FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 22126 Colony Dr. Boca Raton, FL 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURY, CHRISTOPHER T 1020 EAST TROPICAL WAY PLANTATION, FL 33317 ☐ 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
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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] — 4-17-03 — 561-702-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #