2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2003
Secretary of State

DOCUMENT# P97000030579

Entity Name: CONSUMMATE SOLUTIONS, INC.

Current Principal Place of Business:

5232 SW 2ND AVE
CAPE CORAL, FL 339147114

New Principal Place of Business:

Current Mailing Address:

5232 SW 2ND AVE
CAPE CORAL, FL 339147114

New Mailing Address:

FEI Number: 59-3442394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODRICH, CINDY J
15913 COUNTRY FARM PLACE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete
Name: GOODRICH, CINDY J
Address: 5232 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 339147114

Title: PT ( ) Delete
Name: GOODRICH, DEAN J
Address: 5232 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 339147114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN GOODRICH PT 08/10/2003

Electronic Signature of Signing Officer or Director — Date