

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90012 018 ***150.00

DOCUMENT # **P97000035997**

1. Entity Name

CONSOLIDATED FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

11620 COLUMBIA PARK DRIVE #E
 JACKSONVILLE FL 32258

11620 COLUMBIA PARK DRIVE #E
 JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

3030 Hartley Rd.

3030 Hartley Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

Suite 250

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32257

Dual

Zip

Country

32257

Dual



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3459225 ✓

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

TAYLOR, CHRISTOPHER A
 11620 COLUMBIA PARK DRIVE #E
 JACKSONVILLE FL 32258

Name *Dennis R. Thompson Sr.*

Street Address (P.O. Box Number is Not Acceptable)
3030 Hartley Rd. Suite 250

City *Jacksonville*

FL

Zip Code *32257*

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]* **CE.O. Dennis R. Thompson Sr** *1-17-2000*

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CHRISTOPHER A	
STREET ADDRESS	11620 COLUMBIA PARK DRIVE #E	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D. C.E.O.	<input type="checkbox"/> Delete
NAME	THOMPSON, DENNIS R SR	
STREET ADDRESS	11620 COLUMBIA PARK DRIVE #E	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Thompson, Dennis R. JR</i>	
STREET ADDRESS	<i>3030 Hartley Rd. Suite 250</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32257</i>	
TITLE	<i>Secretary/Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Beverly Ann Thompson</i>	
STREET ADDRESS	<i>3030 Hartley Rd. Suite 250</i>	
CITY-ST-ZIP	<i>Jacksonville, FL. 32257</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Thompson, Dennis R. Sr</i>	
STREET ADDRESS	<i>3030 Hartley Rd Suite 250</i>	
CITY-ST-ZIP	<i>Jacksonville, FL. 32257</i>	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Thompson, Dennis R. JR.</i>	
STREET ADDRESS	<i>3030 Hartley Rd. Suite 250</i>	
CITY-ST-ZIP	<i>Jacksonville, FL. 32257</i>	
TITLE	S.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Thompson, Beverly Ann</i>	
STREET ADDRESS	<i>3030 Hartley Rd. Suite 250</i>	
CITY-ST-ZIP	<i>Jacksonville, FL. 32257</i>	
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		

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]* **Dennis R. Thompson Sr CEO, 1-17-2000 912-262572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)