2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106186



FILED
Mar 24, 2003 8:00 am §
Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1. Entity Name CONSUMER DIRECT ONLINE, INC.								03-24-2003 90165 034 ***150.00						
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Street Address of the North Part Street Address of Current Registered Agent Street Address of Current Registered Agent Name and Address of Current Registered Agent Name Nam	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
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8. The above named entity submiss the statement for the purpose of changing its registered office or registered agent, or both, in the State of Flordia. I am familiar with, and accept the obligations of registered are private frame of fegurated sept for the facilities. SIGNATURE	•							<u> </u>	8428	w.	oai	k lan	d	PrE	Bud
the obligations of registered grant Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11. ITILE NAME SIRET ADDRESS CITY-ST-2P FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11. ITILE NAME SIRET ADDRESS CITY-ST-2P FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS II 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11. ITILE NAME SIRET ADDRESS CITY-ST-2P FILE NAME SIRET ADDRESS CITY-ST-2P FILE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST		,					,	Š	unr	136			FL	Zip Cod	3851
Signature, proper or primed name of displaced agent find tiled it addition in Marke Check NOW!!! FEEI IS \$150.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State 10.	8. The above the obligat	named entit tions of regist	y submits this statement for ered are of	the purpose	of changing its	registere	ed office or re	egistere	d agent, c	or both, in	the State	of Florid	a.lam f	amiliar with,	and accept
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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 a faddress, with all other like empowered.

Date

Daytime Phone #