

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**  
 03-30-2000 90045 039 \*\*\*150.00

DOCUMENT # **P99 000014004**  
 1. Entity Name  
**Consider It Done, Inc.** ✓

Principal Place of Business  
**Naples, FL 34102**  
 Mailing Address  
**745 12th Ave. S., Suite C**

Principal Place of Business  
**Naples**  
 Suite, Apt. #, etc.  
**C**  
 City & State  
**Naples FL**  
 Zip  
**34102**  
 Country  
**USA**  
 3. Mailing Address  
**745 12th Ave S.**  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

4. FEI Number  
**59-3559231**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Linda Cramer**  
**745 12th Ave S., Suite C**  
**Naples, FL 34102**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O.-Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  
 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President Jill Summerscales 745 12th Ave. S., Suite C Naples, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President Linda Cramer 745 12th Ave S., Suite C Naples, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary Linda Cramer 745 12th Ave S., Suite C Naples, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Treas. Jill Summerscales 745 12th Ave S., Suite C Naples, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Linda M Cramer** **Linda M Cramer**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **3/24/00** Daytime Phone # **941-261-4506**

CR2E034 (9/99)