

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050297

1. Entity Name

CONSOLIDATED STATEMENTS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90032 010 \*\*\*150.00

Principal Place of Business

13121 NORTH BOULEVARD  
TAMPA FL 33612

Mailing Address

13121 NORTH BOULEVARD  
TAMPA FL 33612-3313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

100 N. Tampa St.,

Suite, Apt. #, etc.

Suite 1900

City & State

Tampa, FL

Zip

33602

Country

4. FEI Number

Applied For

☒ 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

NASH, CHRISTOPHER C  
100 NORTH TAMPA STREET, SUITE 1900  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, TIMOTHY R	
STREET ADDRESS	13121 NORTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, STEVEN A	
STREET ADDRESS	11401 9TH STREET NORTH, APT. 2115	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROESCHEL, BRIAN Q	
STREET ADDRESS	DOVE ESTATES, 7046 LIME GROVE WAY	
CITY-ST-ZIP	FAIR OAKS CA 95628	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmidt, Timothy R.	
STREET ADDRESS	13121 North Boulevard	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	VP, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Lisa L.	
STREET ADDRESS	13121 North Boulevard	
CITY-ST-ZIP	Tampa, FL 33612	
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		
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:

*Timothy R. Schmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5 00.

Date

727. 299. 3324.

Daytime Phone #

CR2E034 (9/99)