

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90396 049 \*\*\*150.00

**DOCUMENT # P99000050546**

1. Entity Name

**CONSOLIDATED FUNDING GROUP, INC.**

Principal Place of Business

1249 N. ORANGE AVENUE  
 ORLANDO FL 32804

Mailing Address

1249 N. ORANGE AVENUE  
 ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3586618**

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

**PARRETT, JOHN E**  
**1249 N. ORANGE AVENUE**  
**ORLANDO FL 32804**

Name

*Armstrong, Janice*

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

*1249 N. ORANGE AVE*

City

*Orlando FL*

FL

Zip Code *32804*

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

*Janice C. Armstrong*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*04/23/01*

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, 2001 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 type="checkbox"/> Delete
NAME	PARRETT, JOHN E	
STREET ADDRESS	1249 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MULLVAIN, MIKE	
STREET ADDRESS	1249 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JOEL	
STREET ADDRESS	1249 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUTTO, SHANNON	
STREET ADDRESS	1249 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWN, MARK ALAN	
STREET ADDRESS	1249 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JOSEPH	
STREET ADDRESS	3900 HOLLYWOOD BLVD., SUITE 101	
CITY-ST-ZIP	GOLLYWOOD FL 33021	

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/23/01*

Date

*407 422 1000*

Daytime Phone #

CR2E034 (10/00)