

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90017 038 ***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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**ARMSTRONG, JANICE
 1249 N. ORANGE AVENUE
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Myrna Passalacqua**
 Street Address (P.O. Box Number is Not Acceptable) **1249 N. Orange Ave.**
 City **Orlando** FL **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 MYRNA PASSALACQUA Myrna Passalacqua
 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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PARRETT, JOHN E**
 STREET ADDRESS **1249 N. ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PST** ☒ Delete
 NAME **BROWN, MARK ALAN**
 STREET ADDRESS **1249 N. ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 reports 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
John E. Parrett

Date

Daytime Phone # **407 422-1000**

CR2E034 (9/01)