

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103403

1. Entity Name

CONSOLIDATED STRUCTURES INC.

Principal Place of Business

1152 BRIGHTWELL DRIVE
HOLIDAY FL 34691

Mailing Address

1152 BRIGHTWELL DRIVE
HOLIDAY FL 34691

2. Principal Place of Business

1152 Brightwell Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday Fl.

City & State

Holiday Fl.

Zip

34690

Country

USA

Zip

34690

Country

USA

4. FEI Number

59-3611236

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, CHRISTA
1152 BRIGHTWELL DRIVE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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

Christa Velasquez

2/8/00

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: President ☐ Delete
NAME: Blair Goodrow
STREET ADDRESS: 1152 Brightwell Dr.
CITY-ST-ZIP: Holiday Fl. 34690

TITLE: Vice President ☐ Delete
NAME: Christa Velasquez
STREET ADDRESS: 1152 Brightwell Dr.
CITY-ST-ZIP: Holiday Fl. 34690

TITLE: Treasurer ☐ Delete
NAME: Blair Goodrow
STREET ADDRESS: 1152 Brightwell Dr.
CITY-ST-ZIP: Holiday Fl. 34690

TITLE: Secretary ☐ Delete
NAME: Christa Velasquez
STREET ADDRESS: 1152 Brightwell Dr.
CITY-ST-ZIP: Holiday Fl. 34690

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Christa Velasquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00 727-944-4813

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90023 025 ***150.00

00089508



DO NOT WRITE IN THIS SPACE