

2000 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
May 16, 2000 8:00 am
Secretary of State

03-06-2000 90039 046 ***150.00

DOCUMENT # P99000105538

1. Entity Name

CONSUMER FINANCIAL SOLUTIONS, INC.

Principal Place of Business

101 SUNNYTOWN RD. SUITE 100
 CASSELBERRY FL 32707

Mailing Address

101 SUNNYTOWN RD. SUITE 100
 CASSELBERRY FL 32707

2. Principal Place of Business

SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
 Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

59-3613851

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NEELD, WILLIAM CHAD
 101 SUNNYTOWN RD. SUITE 100
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Wm Chad Neeld

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

1811 Philadelphia Ct.

City

Deltona

FL

Zip Code

32707

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

Wm Chad Neeld **president**

2-29-00

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	<input type="checkbox"/> Delete
NAME	William Chad Neeld	
STREET ADDRESS	1811 Philadelphia Ct	
CITY-ST-ZIP	Deltona, FL 32725	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: **Wm Chad Neeld** **"WM. CHAD NEELD"**

2-7-00

407-834-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)