2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # S10567** May 04, 2000 8:00 am Secretary of State 1. Entity Name CONSULIER BUSINESS SERVICES, INC. 05-04-2000 90228 048 ***150.00 Principal Place of Business Mailing Address 2391 OLD DIXIE HIGHWAY 2391 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404-5456 RIVIERA BEACH FL 33404-5456 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0224605 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name . BUTLER, RALPH D Street Address (P.O. Box Number is Not Acceptable) 2391 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete TITLE MOSLER, WARREN B. NAME NAME 2391 OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL Addition ☐ Change Delete TITLE RALPH D. BUTLER NAME NAME 2391 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF RIVIERA BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS 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:

REGIONAL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

CPPS-6137

Date

Daytime Phone #