

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90047 032 ***150.00

DOCUMENT # V26178

1. Entity Name

CONSORTIUM ASSET MANAGEMENT, INC.

Capital Asset Management, Inc

Principal Place of Business

180 S KNOWLES AVE
 SUITE 3
 WINTER PARK FL 32739
 US

Mailing Address

180 S KNOWLES AVE
 SUITE 3
 WINTER PARK FL 32789-7009
 US

2. Principal Place of Business

157 E. New England Ave
 Suite, Apt. #, etc.
Suite 368

3. Mailing Address

157 E. New England Ave
 Suite, Apt. #, etc.
Suite 368

City & State

Winter Park FL
 Zip
32789
 Country
Orange

City & State

Winter Park FL
 Zip
32789
 Country
Orange

4. FEI Number

59-3118820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLLISON, HARRY W. JR.
 180 S KNOWLES AVE
 SUITE 3
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name *Michael L. Green*
 Street Address (P.O. Box Number is Not Acceptable)
325 Valera Court
Winter Park FL 32789
 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

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

Michael L. Green

(NOTE: Registered Agent signature required when reinstating)

3-15-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PVT GREEN MICHAEL, L. 180 S KNOWLES AVE WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>157 E. New England Ave #368</i> <i>Winter Park FL 32789</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael L. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Green *407-629-0600*
 Date Daytime Phone #

CR2E034 (9/99)