

516206

05-06-2003 90056 049 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057373

1. Entity Name:
 SERVICE SOLUTIONS ETC., INC.

Principal Place of Business:
 5635 COY BURGESS LOOP
 DEERBARK SPRINGS, FL 32435

Mailing Address:
 5635 COY BURGESS LOOP
 DEERBARK SPRINGS, FL 32435

2. Previous Place of Business: _____ **3. Mailing Address:** _____

4. Date, Apt. #, etc.: _____ **5. Date, Apt. #, etc.:** _____

6. City & State: _____ **7. City & State:** _____

8. Zip: _____ **9. Country:** _____ **10. Zip:** _____ **11. Country:** _____

12. State and Address of Current Registered Agent:
 SPEGEL & UTRERA, P.A.
 3940 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33144

13. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

14. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ **15. Election Campaign Financing:** **\$5.00** if by the **Trust/Plant Contribution** **Added to Fees**

16. OFFICERS AND DIRECTORS		17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Date: PSTD CARMAN, COLEEN J 5635 COY BURGESS LOOP DEERBARK SPRINGS, FL 32435	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Date:	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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18. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information reported 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 member or trustee empowered to execute this report as required by Chapter 609, Florida Statutes; and that my name appears in Block 16 or Block 17 if checked, or on an attached report with an attorney, and is the name of the corporation.

SIGNATURE: *Colleen Carman* **5/1/03 (850) 892-9464**

55047412



CHECK HERE IF MAKING CHANGES

19. Filing Number:
 020609334

Applied For:
 Not Applicable
 \$3.75 Additional Fee Required

20. Certificate of Status Desired: **21. Additional Fee Required:**

CREATION (03/03)