

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000052153

1. Entity Name
FAST TRACK BUSINESS SOLUTIONS, INC.

Principal Place of Business
 1176 NE CLEVELAND ST
 CLEARWATER FL 33755

Mailing Address
 500 N OSCEOLA AVE
 APT 105
 CLEARWATER FL 33755

2. Principal Place of Business
 500 N OSCEOLA AVE

3. Mailing Address
 500 N OSCEOLA AVE

Suite, Apt. #, etc.
 #105

Suite, Apt. #, etc.
 #105

City & State
 CLEARWATER FL

City & State
 CLEARWATER FL

Zip Country
 33755

Zip Country
 33755

4. FEI Number
59-3524748

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRJEWSKI HERMANN H
 1176 NE CLEVELAND ST
 CLEARWATER FL 33755
 US

Name
STRJEWSKI HERMANN H
 Street Address (P.O. Box Number is Not Acceptable)
 500 N OSCEOLA AVE
 #105
 City
 CLEARWATER **FL** Zip Code
 33755

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 **HERMANN STRJEWSKI**

04/22/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Delete
NAME STRJEWSKI HERMANN H	
STREET ADDRESS 1176 NE CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL 33755	
TITLE PVT	<input type="checkbox"/> Delete
NAME STRJEWSKI HERMANN H	
STREET ADDRESS 1176 NE CLEVELAND ST	
CITY-ST-ZIP CLEARWATER FL 33755	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRJEWSKI HERMANN H	
STREET ADDRESS 500 N OSCEOLA AVE #105	
CITY-ST-ZIP CLEARWATER FL 33755	
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	
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: **HERMANN STRJEWSKI**

MR 04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)