

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90100 042 ***158.75

DOCUMENT # F01000004857

1. Entity Name
SOLUTIONS MANAGEMENT INTERNATIONAL CORPORATION

Principal Place of Business

6475 102ND AVENUE
PINELLAS PARK FL 33782

Mailing Address

6475 102ND AVENUE
PINELLAS PARK FL 33782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

204 37th AVENUE NORTH

Suite, Apt. #, etc.

344

City & State
ST. PETERSBURG, FL

Zip
33704

Country
USA

3. Mailing Address

204-37th AVENUE NORTH

Suite, Apt. #, etc.

344

City & State
ST. PETERSBURG, FL

Zip
33704

Country
USA

4. FEI Number

88-0440049

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRIEBEL, BONNIE L
6475 102ND AVENUE
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name
KRIEBEL, BONNIE L.

Street Address (P.O. Box Number is Not Acceptable)
204 37th AVENUE NORTH

344

City
ST. PETERSBURG

FL

Zip Code
33704

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 Bonnie L. Kriebel **BONNIE L. KRIEBEL, SEC.** 04/30/02
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, 2002 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 **C** ☐ Delete
 NAME **LASKER, DONALD J**
 STREET ADDRESS **1929 ILLINOIS AVENUE N.E.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **P** ☐ Delete
 NAME **SENOKOSSOFF, BARBARA D**
 STREET ADDRESS **14925 E. MOCKINGBIRD LANE**
 CITY-ST-ZIP **CLEARWATER FL 33720**

TITLE **S** ☐ Delete
 NAME **KRIEBEL, BONNIE L**
 STREET ADDRESS **1929 ILLINOIS AVENUE N.E.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☐ Addition
 NAME **LASKER, DONALD J.**
 STREET ADDRESS **1994 CAROLINA CIRCLE N.E.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **PRES.** ☐ Change ☐ Addition
 NAME **SENOKOSSOFF, BARBARA D.**
 STREET ADDRESS **14925 E. MOCKINGBIRD LANE**
 CITY-ST-ZIP **CLEARWATER, FL 33720**

TITLE **SEC.** ☐ Change ☐ Addition
 NAME **KRIEBEL, BONNIE L.**
 STREET ADDRESS **1994 CAROLINA CIRCLE N.E.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Bonnie L. Kriebel **BONNIE L. KRIEBEL, SEC.** 04/30/02 727-521-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)