

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90213 007 ***150.00

DOCUMENT # F02000000616

1. Entity Name
BUSINESS SOLUTIONS ASSOCIATES, INC.



Principal Place of Business
**1067 RAINER DRIVE #1001-739
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**1067 RAINER DRIVE #1001-739
ALTAMONTE SPRINGS FL 32714**

30063343



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3108 Nealwood Ave. #739
Suite, Apt. #, etc.

3. Mailing Address
3108 Nealwood Ave. #739
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
61-1296538

Applied For
☐ Not Applicable

Zip
32806
Country
U.S.A.

Zip
32806
Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**MCAULEY, JOHN A
1067 RAINER DR., #1001-739
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name
McAuley, John A.
Street Address (P.O. Box Number is Not Acceptable)
3108 Nealwood Ave. #739
City
ORLANDO FL Zip Code
32806

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

SIGNATURE *John A. McAuley, President*
Signature, typed or printed name of registered agent and title if applicable.

John A. McAuley, President
(NOTE: Registered Agent Signature required when reinstating)

2/7/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
MCAULEY, JOHN A
1067 RAINER DR., #1001-739
ALTAMONTE SPRINGS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
McAuley, John A.
3108 Nealwood Ave. #739
ORLANDO, FL 32806** ☒ Change ☐ Addition

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John A. McAuley, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03
Date
859-351-4679
Daytime Phone #

CR2E034 (10/02)