

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000005496**

1. Entity Name

SIRIUS SOLUTIONS, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90002 010 ***150.00

Principal Place of Business

Mailing Address

**15201 ROOSEVELT BLVD
#106
CLEARWATER FL 33760
US****210 VILLA DI ESTE TERR
212
LAKE MARY FL 32746
US**

2. Principal Place of Business

3. Mailing Address

210 Villa Di Este Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212**Lake Mary FL**

City & State

4. FEI Number **59-3274985**

Applied For

Not Applicable

32746**U.S.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, RACHEL
210 VILLA DE ESTE TERRACE
APT 212
LAKE MARY FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	COOPER, RACHEL	210 VILLA DI ESTE TERRACE, 212	LAKE MARY FL 32746				
T	COOPER, TERRY	210 VILLA DI ESTE TERRACE, 212	LAKE MARY FL 32746				

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:

Rachel Cooper, Pres. RACHEL Cooper 2/26/01 805-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)