

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90477 012 ***150.00

DOCUMENT # F98000005141

1. Entity Name
OPERATING SOLUTIONS INC.



Principal Place of Business
**1125 REDWOOD STREET
HOLLYWOOD, FL 33019**

Mailing Address
**1125 REDWOOD STREET
HOLLYWOOD, FL 33019**

44045176



2. Principal Place of Business

3. Mailing Address

05052004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-1815407

Applied For
Not Applicable

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

**HILLNER, JOSEPH
6175 NW 123RD LANE
CORAL SPRINGS, FL 33076**

Name

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

1125 Redwood St.

City

Hollywood

FL

Zip Code

33019

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HILLNER, JOSEPH J III**
CITY- ST- ZIP **6175 NW 123RD LANE
CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1125 Redwood St.**
CITY- ST- ZIP **Hollywood, FL 33019**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Hillner

Date

Daytime Phone #

5/5/04

954-922-9404

ATTACHMENT

44045176

F98000005141

May 5, 2004

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Operating Solutions, Inc.
Period/Form: 2003 UBR
FEIN: 54-1815407

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the 2003 Uniform Business Report.

The taxpayer never received the form via US Mail. Mr. Hillner contacted my office today asking about the report and I gave him instructions on how to print the form from the website. I respectfully request that you consider waiving the penalty that normally follows in this situation, as it is certain to create a financial hardship.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Very truly yours,

Mitchell J. Howard CA
Mitchell J. Howard

Enclosures