

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90020 004 ***150.00

DOCUMENT # F98000005141

1. Entity Name
OPERATING SOLUTIONS INC.



Principal Place of Business
**5784 NW 120TH AVE
CORAL SPRINGS FL 33076**

Mailing Address
**5784 NW 120TH AVE
CORAL SPRINGS FL 33076**

30131730



2. Principal Place of Business
1125 Redwood St.

3. Mailing Address
1125 Redwood St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
54-1815407

Applied For
Not Applicable

Zip
33019 Country
Broward

Zip
33019 Country
Broward

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)

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. 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
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
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: _____

JOSEPH HILLNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03

954-922-9404

Date Daytime Phone #

CR2E034 (4/03)

90151736
Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

Attachment
ID# F98000005141

August 13, 2003

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 did not receive the form via US Mail, until July 28th, 2003. The address of record is incorrect. 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

Mitchell J. Howard

Enclosures