

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006139

1. Entity Name
SOLUTIONS4SURE.COM, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90151 023 ***150.00

Principal Place of Business

**10 HOYT ST.
NORWALK CT 06853**

Mailing Address

**10 HOYT ST.
NORWALK CT 06853**

2. Principal Place of Business

6 Cambridge Drive
Suite, Apt. #, etc.

3. Mailing Address

6 Cambridge Drive
Suite, Apt. #, etc.

City & State

Trumbull CT

City & State

Trumbull CT

Zip

06611

Country

US

Zip

06611

Country

US

4. FEI Number

06-1526627

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 ☐ Delete
NAME **C**
STREET ADDRESS **LACY, LINWOOD A**
CITY-ST-ZIP **2304 CRANBORNE RD.
MIDLOTHIAN VA 23113**

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

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **MARTIN, BRUCE**
CITY-ST-ZIP **201 DAYBREAK RD.
SOUTHPORT CT 06490**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **GODWIN, TIMOTHY**
CITY-ST-ZIP **13811 WHISPERWOOD DR.
CLEARWATER FL 33762**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01

203-615-7850

CR2E034 (10/00)