

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90066 043 \*\*\*150.00

**DOCUMENT # F98000007027**

1. Entity Name  
**RETAIL SOLUTIONS, INC.**

Principal Place of Business      Mailing Address  
**P.O. BOX 510**      **P.O. BOX 510**  
**FAIRFIELD FL 32634-0510**      **FAIRFIELD FL 32634-0510**

2. Principal Place of Business      3. Mailing Address  
**16700 NW HWY 225**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State      City & State  
**REDDICK FL**      **REDDICK FL**  
 Zip      Country      Zip      Country  
**32686**      **FL**      **32686**      **FL**

4. FEI Number      Applied For  
**58-1598023**      ☐ Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LOVE, DON K**  
**16700 NW HWY 225**  
**REDDICK FL 32686**

**7. Name and Address of New Registered Agent**

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 *Don K Love* **DON K. LOVE**  
 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**

TITLE	CP	<input type="checkbox"/> Delete
NAME	LOVE, DON K	
STREET ADDRESS	16700 NW HWY 225	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	CVTS	<input type="checkbox"/> Delete
NAME	LOVE, CAROLE J	
STREET ADDRESS	16700 NW HWY 225	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Don K Love* **DON K. LOVE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/01**      **252591 1396**  
 Date      Daytime Phone #

CR2E034 (10/00)