

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99075

1. Entity Name

FINANCIAL SOLUTIONS INCORPORATED

Principal Place of Business

1061 MAITLAND CTR. COMMONS
STE. 204
MAITLAND FL 32751
US

Mailing Address

332 FOREST PARK CIRCLE
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILEY, CHARLES E.
332 FOREST PARK CIRCLE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 state if applicable

(NOTE: Registered Agent signature required when re-registering)

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 \$500.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	WILEY, CHARLES E.	
STREET ADDRESS	332 FOREST PARK CIRCLE	
CITY-STATE-ZIP	LONGWOOD FL	

TITLE	ST	☐ Delete
NAME	WILEY, BARBARA H.	
STREET ADDRESS	332 FOREST PARK CIRCLE	
CITY-STATE-ZIP	LONGWOOD FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
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CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I've empowered.

SIGNATURE:

Charles E. Wiley CHARLES E. Wiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

407-660-8383

Telephone Number

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90359 029 ***150.00

B0039722



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2645810

Applied For

Not Applicable

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

CR2E034 (10/00)