

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90726 049 \*\*\*\*55.00

**DOCUMENT # L01000018613**

1. Entity Name

**DEFINITIVE MANAGEMENT SOLUTIONS, LLC**

Principal Place of Business

P.O. BOX 781089  
 ORLANDO FL 32878-1089

Mailing Address

P.O. BOX 781089  
 ORLANDO FL 32878-1089

2. Principal Place of Business

**10693 Satinwood Circle**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

4. FEI Number

**59-3753415**

Applied For

Not Applicable

Zip

**32825**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, DAVID S ESQUIRE  
 5728 MAJOR BLVD., SUITE 550  
 ORLANDO FL 32819**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Managing member** ☐ Delete  
 NAME **Karen Heyse**  
 STREET ADDRESS **10693 Satinwood Circle**  
 CITY-ST-ZIP **Orlando, FL 32825**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Karen Heyse**

**5/1/02**

**407-267-4367**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)