2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018613

1. Entity Name

DEFINITIVE MANAGEMENT SOLUTIONS, LLC

Principal Place of Business	Mailing Address
10693 SATINWOOD CIRCLE ORLANDO FL 32825	P.O. BOX 781089 ORLANDO FL 32878-1089

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number   **59-3753415**   ☐ Applied For   ☐ Not Applicable

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: *Karen Heyse* Street Address (P.O. Box Number is Not Acceptable) *10693 Satinwood Circle* City *Orlando* **FL** Zip Code *32825*

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 *Karen Nupe, President/Managing Member   1-17-03*

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES	
TITLE **MGRM** NAME **HEYSE, KAREN** STREET ADDRESS **10693 SATINWOOD CIRCLE** CITY-ST-ZIP **ORLANDO FL 32825**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (10/02)

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 Nupe FKaren Heyse*   *1-17-03*   *407-207-4367*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #