## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with a

SIGNATURE:

## May 22, 2002 8:00 am § Secretary of State DOCUMENT # P00000038193 1. Entity Name 05-22-2002 90108 040 \*\*\*150.00 THE SOLUTION ASSOCIATES INC. Principal Place of Business Mailing Address 823 E RIVER DRIVE PO BOX 10084 **TAMPA FL 33617 LARGO FL 33773** 2. Principal Place of Business Mailing Address Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3646653 terrace Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired -500 ous Fee Regulfed 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOCH, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN STREET, SUITE 3010 TAMPA FL 33602 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE ☐ Addition Strange, Charles STRANGER, CHARLES NAME NAME STREET ADDRESS 823 E RIVER DR STREET ADDRESS CITY-ST-7IP **TAMPA FL 33617** CITY-ST-ZIP VΡ Delete TITLE ☐ Change ☐ Addition NAME FARLEY, WARD NAME STREET ADDRESS 2306 SOUTHERN LITES STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 -- - -CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME HARTFIELD, CRAIG STREET ADDRESS 14716 LAUREL LAKE LANE STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 apcurate 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 of true and execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**