2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000038193

1. Entity Name

THE SOLUTION ASSOCIATES INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90146 042 ***150.00

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Principal Place of Business 823 E RIVER DRIVE TAMPA FL 33617			P.O E	g Address IOX 292803 LE TERRACE FL 336	687	1,00,000,00,00	I) EBIN BAN BAN BAN BAN EBIR BAR			
2. Principal P	Place of Busin	ness	3. Mai	ling Address				1 1 1110) 1111		
Suite, Apt. #, etc.			Suit	e, Apt. #, etc.		<u> </u>	. CHECK HERE IF MAKING CHANGES			
City & State			City	& State	 	4. FEI Number 59-3646653		Applied For Not Applicable		
Zip		Country	Zip	بسيامون المسائد والمسائد	Country	5. Certificate of State		8.75 Ad	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
					Name			·		
KOCH, STEPHEN A						· · · · · · · · · · · · · · · · · · ·				
201 NORTH FRANKLIN STREET, SUITE 3010					Street Addre	ss (P.O. Box Number is No	t Acceptable)		٠	
TAMPA FL		Jinerij Jone Ju								
IAMPA FL	. 33002									
				-	City		FL	Zip Coc	le	
8 The above	named entit	v submite this statement	for the nurn	ose of changing its	ragistared office or regi	istered agent, or both, in the		miliar with	and accont	
	tions of regist		, a, a, a pai p	ood or orlainging to	rogicioloù cilioù di Togi	stored again, or boar, in an	o otalo or riorida. Tamia		and dooope	
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and title if app	licable. (NOTI	E: Registered Agent signature rec	quired when reinstating)	DATE			
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department					Campaign Financing		00 May Be d to Fees	
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indicated on this report or 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 suppliemental 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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ENDUTPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/21/03 Date

813 484-1836