

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047639

1. Entity Name  
PROMPT SOLUTIONS, INC.

WA

Principal Place of Business: 10017 REMINGTON DRIVE RIVERVIEW FL 33569  
Mailing Address: 10017 REMINGTON DRIVE RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: 59-3649258  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ESPINO, CESAR V  
10017 REMINGTON DRIVE  
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent  
Name: MARY K BLAZEWICH  
Street Address (P.O. Box Number is Not Acceptable): 1105 LAKE JASPER DR  
City: THONOTOSASSA FL Zip Code: 33592

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: Mary K Blazewich DATE: 4/24/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)   
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001, Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. 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 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 like empowered.

SIGNATURE: [Signature] DATE: 4/24/01 TELEPHONE: 813-672-1970

UNIFORM SYSTEM