

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90273 026 \*\*\*150.00

**DOCUMENT # P00000050753**

1. Entity Name  
**TAMPA BAY SOLUTIONS COMPANY**

Principal Place of Business

10206 RUBURY PL.  
 TAMPA FL 33626

Mailing Address

10206 RUBURY PL.  
 TAMPA FL 33626

2. Principal Place of Business

3. Mailing Address  
**3355 Bearss Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Tampa, FL 33618**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33618**

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDERS, WALTER**  
**3355 BEARSS AVE.**  
**TAMPA FL 33618**

7. Name and Address of New Registered Agent

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 Walter Sanders  
Signature, typed or printed name of registered agent and title if applicable

WALTER SANDERS  
(NOTE: Registered Agent signature required when reinstating)

4/17/01  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

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

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARLE, DENIS A</b>
STREET ADDRESS	<b>10696 41ST CT.</b>
CITY - ST - ZIP	<b>CLEARWATER FL 33762</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GAUDET, MICHAEL</b>
STREET ADDRESS	<b>10206 RUBURY PL.</b>
CITY - ST - ZIP	<b>TAMPA FL 33626</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GAUDET, SANDRA</b>
STREET ADDRESS	<b>10206 RUBURY PL.</b>
CITY - ST - ZIP	<b>TAMPA FL 33626</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Michael P. Gaudet **MICHAEL P GAUDET**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001 813-818-8093  
Date Daytime Phone #

645125



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)