

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91563 050 ***158.75

DOCUMENT # P00000059616 *N/A*
1. Entity Name
~~THE HOSTZONE, INC.~~ **DERBY SOLUTIONS INC.**

Principal Place of Business **Mailing Address**
9445 TELFER RUN **P.O. BOX 780111**
ORLANDO FL 32817 **ORLANDO FL 32878-0111**

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 **59-3650585** **Applied For**
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DERE, TROY
9445 TELFER RUN
ORLANDO FL 32817

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 *Troy Dere*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **DERE, TROY**
STREET ADDRESS **9445 TELFER RUN**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ **Delete**
NAME **BYRNE, JEFFERY J**
STREET ADDRESS **5537 S.E. MAJOR WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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: *Troy Dere*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-217-5464

CR2E034 (9/01)

Attachment

PC000005961-6/042861

I filed this document online and the web page said that the filing had completed successfully. I went back to review it and then it would not allow me to go forward to the payment screen again.

So strictly speaking this form is not required – I am only including it because I had to send the payment anyway.

Please let me know if there is any problem or discrepancy between this form and the one I filed online (they should be the same).

Sincerely,



Troy Dere