

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072819

1. Entity Name

KUNO SOLUTIONS, INC.

Principal Place of Business

345 BAYSHORE BOULEVARD
STE. 810
TAMPA FL 33606

Mailing Address

345 BAYSHORE BOULEVARD
STE. 810
TAMPA FL 33606

2. Principal Place of Business

1101 CHANNELSIDE DR

Suite, Apt. #, etc.

STE 282

City & State
TAMPA FLZip
33602Country
US

3. Mailing Address

1101 CHANNELSIDE DR

Suite, Apt. #, etc.

STE 282

City & State
TAMPA FLZip
33602Country
US

4. FEI Number

59-3661193

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, MARK R
345 BAYSHORE BOULEVARD
STE. 810
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

MARK R MILLS

Street Address (P.O. Box Number is Not Acceptable)

1101 CHANNELSIDE DR, STE 282

City
TAMPA

FL

Zip Code
33602

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

MARK R MILLS, VICE PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RYSCHOUWER, MICHAEL K
102-D MAROLDY DRIVE
TEMPLE TERRACE FL 33617 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MILLS, MARK R
345 BAYSHORE BOULEVARD, STE. 810
TAMPA FL 33606 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/2001

Daytime Phone #

813-267-4986

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90057 049 ***150.00

977002



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)