2001 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN 30 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080961

1. Entity Name
EMPIRE BUSINESS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2350 N. 34TH STREET NORTH SUITE 110 SAINT PETERSBURG, FL. 33713	SAME

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4727 TRANSIT RD.	4727 TRANSIT RD.
Suite, Apt. #, etc. SUITE #11	Suite, Apt. #, etc. SUITE #11
City & State DEPEW, N.Y.	City & State DEPEW, N.Y.
Zip / Country 14043 / UNITED STATES	Zip / Country 14043 / UNITED STATE

4. FEI Number
59-3674343 ☐ 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
LINSTER E. BRINKLEY JR. 2350 - N. 34TH STREET NORTH SUITE 110 SAINT PETERSBURGH, FL. 33713	Name: NICHOLAS R. GUGLIUZZA Street Address (P.O. Box Number is Not Acceptable): 132 CORAL CAY DR. City: PALM BEACH GARDENS FL Zip Code: 33418

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: Nicholas R. Gugliuzza 1/22/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LINSTER E. BRINKLEY JR. 2350 - N. 34TH STREET NORTH, SUITE 110 SAINT PETERSBURGH, FL. 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D NICHOLAS R. GUGLIUZZA 527 MEADOW DR. W. SENECA, N.Y. 14224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/C NICHOLAS R. GUGLIUZZA 527 MEADOW DR. W. SENECA, N.Y. 14224 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D LORI GUGLIUZZA 527 MEADOW DR. W. SENECA, N.Y. 14224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/S/D LORI GUGLIUZZA 527 MEADOW DR. W. SENECA, N.Y. 14224 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004911505--3 -02/12/02--01046--005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****550.00 ☐ Change ****550.00 500004911505--3 -02/12/02--01046--006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****350.00 ☐ Change ****350.00

CR2E034 (11/00)

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: Nicholas R. Gugliuzza 1/22/02 716-656-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #