

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90125 004 \*\*\*150.00

**DOCUMENT # P00000100707**

1. Entity Name  
**DEPOSITION SOLUTIONS, INC.**

Principal Place of Business

1100 N E 45TH STREET, #162  
 OAKLAND PARK FL 33334

change  
to ↓

Mailing Address

1100 N E 45TH STREET, #162  
 OAKLAND PARK FL 33334

change  
to ↓

2. Principal Place of Business

4761 NE 13 Terr

Suite, Apt. #, etc.

3. Mailing Address

4761 NE 13 Terr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Oakland Park, FL

Zip  
 33334

Country

City & State  
 Oakland Park, Florida

Zip  
 33334

Country

4. FEI Number  
 59-3678683

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

STRIEN, ANNA T  
 1100 N E 45TH STREET, #162  
 OAKLAND PARK FL 33334

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 Anna T. Strien, president

Anna T. Strien

2/19/01

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 **D** ☐ Delete  
 NAME **STRIEN, ANNA T**  
 STREET ADDRESS **1100 N E 45TH STREET, #162**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Anna T. Strien**  
 STREET ADDRESS **4761 NE 13 Terr**  
 CITY-ST-ZIP **Oakland Park, FL 33334**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: Anna T. Strien

Anna T. Strien

2/19/01

954-229-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)