

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90117 003 \*\*\*150.00

**DOCUMENT # P00000104475**

1. Entity Name  
**BUSINESS SOLUTIONS BY REFERRAL, INC.**

Principal Place of Business

**113 ESSEX DR.  
 LONGWOOD FL 32779**

Mailing Address

**113 ESSEX DR.  
 LONGWOOD FL 32779**

00060040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3681463**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DENVSE  
 113 ESSEX DR.  
 LONGWOOD FL 32779**

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TAYLOR, DENYSE**  
 CITY-ST-ZIP **113 ESSEX DR.  
 LONGWOOD FL 32779**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BANKS, ELYSIA**  
 CITY-ST-ZIP **3427 S.W. 28TH TERR., APT. C  
 GAINESVILLE FL 32608**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TAYLOR, CLAY**  
 CITY-ST-ZIP **113 ESSEX DR.  
 LONGWOOD FL 32779**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: **Denyse Taylor, President**

**7/5/01**

**407.898.8108**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Business Solutions By Referral, Inc.

Attachment

#P00000104475

B0000018

July 5, 2001

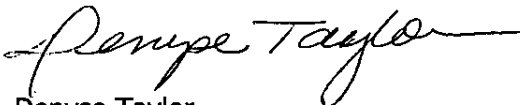
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed, please find my 2001 Uniform Business Report (UBR) and my check for \$150.00. I am respectfully requesting that the penalty for late filing be abated because I did not receive the initial notification from the State. My accountant told me that I should have received this from your office sometime in late January or early February.

Please let me know by return mail if this is acceptable.

Very truly yours,



Denyse Taylor