

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90138 031 ***550.00

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1. Entity Name

**SOLUTIONS - SPECIALIZING IN CREATIVE COMMUNICATI
ON, INC.**



Principal Place of Business
**14908 HARTFORD RUN DRIVE
ORLANDO FL 32828**

Mailing Address
**14908 HARTFORD RUN DRIVE
ORLANDO FL 32828**

2. Principal Place of Business

13013 Founders Square Dr.

Suite, Apt. #, etc.

3. Mailing Address

12472 Lake Underhill Rd

Suite, Apt. #, etc.

320

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. FEI Number

59-3689261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCCAMBELL, HOPE E
14908 HARTFORD RUN DRIVE
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name

Hope E. McCambell

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

13013 Founders Square Drive

City

Orlando

FL

Zip Code

32828

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCCAMBELL, HOPE E**
STREET ADDRESS **14908 HARTFORD RUN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Delete
NAME **SHROLL, LINDA D**
STREET ADDRESS **14908 HARTFORD RUN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Hope E. McCambell**
STREET ADDRESS **13013 Founders Square Dr.**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE **D** ☒ Change ☐ Addition
NAME **Linda D. Shroll**
STREET ADDRESS **13013 Founders Square Dr.**
CITY-ST-ZIP **Orlando, FL 32828**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HOPE E. MCCAMBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03

Date

407-737-4646

Daytime Phone #

CR2E034 (4/03)