

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
04-16-2002 90183 005 \*\*\*158.75

01163001 AV

**DOCUMENT #** P01000008906

**1. Entity Name**

**ABS SOLUTIONS, INC.**

**Principal Place of Business**

**299 ALBRIGHT ST SE  
PALM BAY FL 33761**

**Mailing Address**

**299 ALBRIGHT ST SE  
PALM BAY FL 33761**

**2. Principal Place of Business**

**299 Albright St SE**

**3. Mailing Address**

**299 Albright St SE**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**Palm Bay, FL**

**City & State**

**Palm Bay, FL**

**Zip**

**32909**

**Country**

**USA**

**Zip**

**32909**

**Country**

**USA**

**4. FEI Number**

**65-1069190**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33414**

**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 \$150.00  
After May 1, 2002 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** **P** ☐ Delete  
**NAME** **BULIAN, MIKE F**  
**STREET ADDRESS** **299 ALBRIGHT ST SE**  
**CITY-ST-ZIP** **PALM BAY FL 33761**

**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**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **ELIZABETH ANN HOLMES**  
**STREET ADDRESS** **299 ALBRIGHT ST SE**  
**CITY-ST-ZIP** **Palm Bay, FL 32909**

**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**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MIKE BULIAN**

Date

**4-8-02**

Daytime Phone #

**407-766-1170**

CR2E034 (9/01)