## **FILED**

Feb 26, 2002 8:00 am Secretary of State
02-26-2002 90051 040 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P01000011810

DOCUMENT #

1. Entity Name BIDSOLUTIONS, INC.

Principal Place of But	siness
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Mailing Address

2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  ALLBRITTEN, C.J.  4730 S. HEMINGWAY CIRCLE  MARGATE FL 33363  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.	MANGATE PL 33303	EMINGWAY CIRCLE 4730 S. HEMINGWAY CIRCLE FL 33363 MARGATE FL 33363			, 100410 <b>4</b> ) 141 <b>061</b> 11 (181) <b>08</b> 111 <b>0</b>	111 <b>20</b> 113 <b>82</b> 1 <b>8</b> 1 11 <b>8</b>	n: ::##:  # #c	11 <b>0</b> 11 <b>58</b> +1 ( <b>85</b> 1			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Tip  Country  Country  Tip  Tip  Tip  Tip  Tip  Tip  Tip  Ti											
City & State  City & State  City & State  City & State  4. FEI Number  5. Certificate of Status Desired  Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  ALLBRITTEN, C.J.  4730 S. HEMINGWAY CIRCLE  MARGATE FL 33363  City  FL  Zip Code	2. Principal Place of Business	•	3. Mailing Address			1 10011885 U1 20105 USUL 86115 BA	14) <b>48</b> 4)( <b>48</b> 18( 7) <b>8</b>	))	11811 BB17 1981		
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent  ALLBRITTEN, C.J.  4730 S. HEMINGWAY CIRCLE  MARGATE FL 33363  City  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  For Required  Fee Required  For Required  Fee Required  For Required  Fee Required  For Required  For Required  For Required  Fee Required  For Require	City & State	City & State				4.	FEI Number 5a - 219248	>5			
ALLBRITTEN, C.J. 4730 S. HEMINGWAY CIRCLE MARGATE FL 33363  City  FL  Zip Code	Zip	Country	Zip	ry	5.	Certificate of Status Desired					
ALLBRITTEN, C.J. 4730 S. HEMINGWAY CIRCLE MARGATE FL 33363  City  FL  Zip Code	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
4730 S. HEMINGWAY CIRCLE MARGATE FL 33363  City FL Zip Code	و جمع و سيام				Name						
4730 S. HEMINGWAY CIRCLE  MARGATE FL 33363  City FL Zip Code	·				Street Address (P.O. Box Number is Not Acceptable)						
City FL Zip Code	4730 S. HEMINGWAY C	RCLE									
	MARGATE FL 33363										
8. The above named entity submity this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				City			FL	Zip Cod	е		
The state of the s	8. The above named entity su	bmits this statement for th	ne purpose of changing its re	egistere	d office or	registered ag	gent, or both, in the State of Flo	orida.			
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SIGNATURE 1.9.02		Tourse	len					/ . 7	.02		
Signature, Wed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	Signature, typed or pr	intelliname of registered agent and	title if applicable. (NOTE:	Registered	Agent signatu	re required when r	reinstating)	DATE			
9. This corporation is eligible to eatisfy 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.  Added to Fees	Tax filing requirement and elects to do so.  After May 1, 2002 Fe		2 Fee v	ee will be \$550.00							
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	· · · · · · · · · · · · · · · · · · ·		ł		paranen		DOITIONS (CHANCES TO OFF	ICCDS AND E	UDECTOR	C IN 11	
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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 reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receipt 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.

Daytime Phone #