

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000011947

FILED
Jan 26, 2003
Secretary of State

Entity Name: C & L SOLUTIONS ENTERPRISES, INC.

Current Principal Place of Business:

90 ATLANTIC AVE
MASCOTTE, FL 34753

New Principal Place of Business:

3302 SASSAQUIN COURT
ORLANDO, FL 32818

Current Mailing Address:

5761 S. OBT. SUITE#6
ORLANDO, FL 32839

New Mailing Address:

5761 S. OBT. SUITE#1
ORLANDO, FL 32839

FEI Number: 59-3669936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COSME-BURGOS, VICTOR M
3302 SASSAQUIN COURT
ORLANDO, FL 32818

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COSME-BURGOS, VICTOR M
Address: 3302 SASSAQUIN COURT
City-St-Zip: ORLANDO, FL 32818

Title: M () Delete
Name: LEONARD, THOMAS K
Address: 90 ATLANTIC AVE.
City-St-Zip: MASCOTTE, FL 34753

Title: T () Delete
Name: COSME, HEIDEROSE
Address: 3302 SASSAQUIN COURT
City-St-Zip: ORLANDO, FL 32818

Title: P () Delete
Name: COSME-BURGOS, VICTOR M
Address: 3302 SASSAQUIN COURT
City-St-Zip: ORLANDO, FL 32818

Title: V (X) Delete
Name: LEONARD, THOMAS K
Address: 90 ATLANTIC AVENUE
City-St-Zip: MASCOTTE, FL 34753

Title: S (X) Delete
Name: LEONARD, PAM
Address: 90 ATLANTIC AVENUE
City-St-Zip: MASCOTTE, FL 34753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: COSME, HEIDEROSE
Address: 3302 SASSAQUIN COURT
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M. COSME BURGOS

P

01/26/2003

Electronic Signature of Signing Officer or Director

Date