

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 037 ***150.00

DOCUMENT # **P01000098102**

1. Entity Name

MAIN STREET BUSINESS SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2838 LYDIA ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 351632

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3749952

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32235-1632

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JENNIFER WILKINSON

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

2838 LYDIA ST.

City

JACKSONVILLE

FL

Zip Code

32205

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$250.00
Amended UBR is \$61.25
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	V
NAME	STACY BROWN
STREET ADDRESS	757 E. BENTON HARBOR DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	S/T
NAME	JUDY HILL
STREET ADDRESS	7098 BEECHERN LANE S.
CITY - ST - ZIP	JACKSONVILLE, FL 32244
TITLE	P
NAME	JENNIFER WILKINSON
STREET ADDRESS	2838 LYDIA ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32205
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JENNIFER WILKINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002
Date

904-279-6398
Daytime Phone #

CR2E034B (12/01)