

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State
06-03-2003 90040 001 ***150.00

DOCUMENT # P02000022339

1. Entity Name
SOLUTIONS REAL ESTATE, INC.

Principal Place of Business
3918 IBIS DRIVE
ORLANDO, FL 32803

Mailing Address
3918 IBIS DRIVE
ORLANDO, FL 32803

2. Principal Place of Business
P.O. Box 181543
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 181543
Suite, Apt. #, etc.

City & State
Casselberry FL

City & State
Casselberry FL

Zip
32718

Country
Semind

Zip
32718

Country
Semind

6. Name and Address of Current Registered Agent
FLANAGAN, TRACEY
3918 IBIS DRIVE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
Name
Flanagan, Tracey
Street Address (P.O. Box Number is Not Acceptable)
910 N. Jerico DR
City
Casselberry FL Zip Code
32707

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 _____ DATE **May 30, 2003**

(NOTE: Registered Agent signature required when resigning)

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	FLANAGAN, SEAN 3918 IBIS DRIVE ORLANDO, FL 32803	TITLE PD	Flanagan, Sean P.O. Box 181543 CASS. FL. 32718
TITLE V	FLANAGAN, TRACEY 3918 IBIS DRIVE ORLANDO, FL 32803	TITLE V	Flanagan, Tracey P.O. Box 181543 Casselberry FL. 32718
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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: _____ DATE **May 30, 2003** (407) 927-3845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

80124136

PO2000022339

To whom it may concern,

My name is Tracey Flanagan I
am a registered agent for Solutions
Real Estate, Inc. we did not receive
the uniform business Report in order
to file. our Document # is PO200022339.
If you have any questions please
call me. ~~At~~ at (407) 927-3845

Thanks!

Tracey Flanagan