

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90056 008 \*\*\*150.00

**DOCUMENT # P02000047993**

1. Entity Name

**CFO BUSINESS SOLUTIONS, INC.**



Principal Place of Business

**837 BLACKBIRD CT.  
VIERA FL 32955**

Mailing Address

**837 BLACKBIRD CT.  
VIERA FL 32955**

2. Principal Place of Business

**5728 MASOR BLVD**

3. Mailing Address

**5728 MASOR BLVD**

Suite, Apt. #, etc.

**222**

Suite, Apt. #, etc.

**222**

City & State

**ORLANDO FL 32819**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**USA**

Zip

**32819**

Country

**USA**

4. FEI Number

**02-0597363**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOBESH, DONALD S**

**837 BLACKBIRD CT.**

**VIERA FL 32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **PRES/SEXY /DIRECTOR** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**DONALD S. DOBESH  
837 BLACKBIRD CT.  
VIERA FL 32955**

TITLE **VP/TREAS / DIRECTOR** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**Bob Lynch  
4125 Grand Meadows Blvd.  
Melbourne FL 32934**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Donald S. Dobesh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**321-637-0937**  
Daytime Phone #

CR2E034 (10/02)