

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90009 045 \*\*\*150.00

**DOCUMENT # P02000066086**



**1. Entity Name**  
**ANALYTIC SOLUTIONS, INC.**

**Principal Place of Business**  
**101 N. MONROE STREET**  
**SUITE 725**  
**TALLAHASSEE FL 32301**

**Mailing Address**  
**101 N. MONROE STREET**  
**SUITE 725**  
**TALLAHASSEE FL 32301**

**2. Principal Place of Business**  
**1402 N. Randolph Cir.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**1402 N. Randolph Cir.**  
Suite, Apt. #, etc.

**City & State**  
**Tallahassee, FL**

**City & State**  
**Tallahassee, FL**

**4. FEI Number**  
**03-0463412**

**Applied For**  
**Not Applicable**

**Zip**  
**32308**

**Country**  
**USA**

**Zip**  
**32308**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEVINE, A. KENNETH**  
**101 N. MONROE STREET**  
**SUITE 725**  
**TALLAHASSEE FL 32301**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1402 N. Randolph Cir.**

**City**  
**Tallahassee** **FL** **Zip Code**  
**32308**

**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** *A. Kenneth Levine*  
Signature typed or printed name of registered agent and title if applicable.

**A. Kenneth Levine**

**01/06/2003**

(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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**Levine, A. Kenneth**  
**1402 N. Randolph Cir.**  
**Tallahassee, FL 32308**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**S**  
**Levine, Sheri I.**  
**1402 N. Randolph Cir.**  
**Tallahassee, FL 32308**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**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)(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:** *A. Kenneth Levine* **A. Kenneth Levine**

**01/06/2003**

**(850) 841-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)