

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000126607

Entity Name: CRISIS SOLUTIONS INC

FILED
Apr 08, 2003
Secretary of State

Current Principal Place of Business:

681 PICKFAIR TERRACE
LAKE MARY, FL 32746

New Principal Place of Business:

540 N STATE ROAD 434
SUITE 59B
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

681 PICKFAIR TERRACE
LAKE MARY, FL 32746

New Mailing Address:

540 N STATE ROAD 434
SUITE 59B
ALTAMONTE SPRINGS, FL 32714

FEI Number: 90-0053811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JOHN
681 PICKFAIR TERRACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

DAVIS, JOHN
1515 ARBOR LAKES CIRCLE
SANFORD, FL 32771 US

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: JOHN A DAVIS

04/08/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, JOHN A
Address: 681 PICKFAIR TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: DAVIS, GINA K
Address: 681 PICKFAIR TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: TRES () Delete
Name: DAVIS, GINA K
Address: 681 PICKFAIR TERRACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, JOHN A
Address: 1515 ARBOR LAKES CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change () Addition
Name: DAVIS, GINA K
Address: 1515 ARBOR LAKES CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: TRES (X) Change () Addition
Name: DAVIS, GINA K
Address: 1515 ARBOR LAKES CIRCLE
City-St-Zip: SANFORD, FL 32771

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: JOHN A DAVIS

P

04/08/2003

Electronic Signature of Signing Officer or Director

Date