

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90131 050 ***158.75

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DOCUMENT # P94000050998

1. Entity Name

SUBSOLUTION, INC.

Principal Place of Business

**21933 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 33765
 US**

Mailing Address

**21933 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 33765
 US**

2. Principal Place of Business

1340 GULF BLVD 12-G

3. Mailing Address

1340 GULF BLVD 12-G

Suite, Apt. #, etc.

12-G

Suite, Apt. #, etc.

12-G

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33767

Zip

33767

6. Name and Address of Current Registered Agent

DECOURS, DAVID A

21933 U.S. HIGHWAY 19 NORTH

CLEARWATER FL 33765

1340 GULF BLVD 12-G

CLEARWATER, FL 33767

4. FEI Number

59-3256005

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

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.

SIGNATURE **David A. Decours** DATE **1-11-2002**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete

NAME **PDS**

STREET ADDRESS **DE COURSY, DAVID A**

CITY-ST-ZIP **1340 GULF BLVD., #12-G**

CLEARWATER FL 33767

TITLE ☐ Delete

NAME **TD**

STREET ADDRESS **DECOURS, RICHARD D**

CITY-ST-ZIP **2861 THAXTON DRIVE #46**

PALM HARBOR FL 34684

TITLE ☐ Delete

NAME **SD**

STREET ADDRESS **DECOURS, LILLIANA**

CITY-ST-ZIP **2861 THAXTON DR # 46**

PALM HARBOR FL 34684

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE: **David A. Decours, President** DATE **1-11-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)