

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90102 044 ***150.00

DOCUMENT # P95000017886

1. Entity Name

THE SOLUTION SET INC.

Principal Place of Business

**1024 FL COMMERCE PWAY
LONGWOOD FL 32750**

Mailing Address

**3333 BEVERLY RD
768 TAX, B2-095B
HOFFMAN ESTATES IL 60179**

2. Principal Place of Business

3. Mailing Address

3333 Beverly Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

768 TAX, B2-095B

City & State

City & State

4. FEI Number

59-3320422

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEENBEKE, JOSEPH J
1378 SHADY KNOLL CT
LONGWOOD FL 32750**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VT	STEENBEKE, JOSEPH J	1024 FLORIDA COMMERCE PWAY	LONGWOOD FL 32750	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	BRAGG, WILLIAM A	1024 FLORIDA COMMERCE PWAY	LONGWOOD FL 32250	<input type="checkbox"/> Delete		MICHAEL TOWER			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	MARTINEZ, ARTHUR	333 BEVERLY RD.	HOFFMAN ESTATES IL 60179	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	S	PAUL SHAY	3333 BEVERLY RD	HOFFMAN ESTATES, IL 60179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	AS	CHRISTINE MENGES	3333 BEVERLY RD	HOFFMAN ESTATES, IL 60179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Menges

Date

Daytime Phone #

4/16/01

CR2E034 (10/00)