2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90058 008 ***150.00

DOCUMENT # P95000019581

1. Entity Name
BUSINESS SOLUTIONS INC., OF ORLANDO

Principal Place of Business	Mailing Address
1040 WOODCOCK RD STE 212 ORLANDO FL 32803	P.O. BOX 620817 ORLANDO FL 32862-0817 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1040 WOODCOCK RD Suite, Apt. #, etc. STE 212
City & State	City & State ORLANDO
Zip / Country	Zip FL 32803 / Country USA

4. FEI Number 59-3301370 ☐ Applied For ☐ Not Applicable

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
HEVEY, ANDREW A 4099 FLORALWOOD COURT ORLANDO FL 32812	Name Street Address (P.O. Box Number is Not Acceptable) 1923 GARVIN ST City Orlando, FL Zip Code 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 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	CPDT HEVEY, ANDREW A 4099 FLORALWOOD COURT ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1923 GARVIN ST ORLANDO, FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEVEY, MICHELLE D 4099 FLORALWOOD COURT ORLANDO FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCULLOCH, RONALD 3209 PEACE PIPE DR KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1923 GARVIN ST ORLANDO, FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 3-30-01 407-894-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number