

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90066 036 ***150.00

DOCUMENT # P98000025552

1. Entity Name
MONISTERE SOLUTIONS, INC.

Principal Place of Business

**8999 NW 47 CT
 CORAL SPRINGS FL 33067
 US**

Mailing Address

**8999 NW 47 CT
 CORAL SPRINGS FL 33067
 US**

2. Principal Place of Business

**3961 BELMOOR DR
 Suite, Apt. #, etc.**

3. Mailing Address

**3961 BELMOOR DR
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

65-0821342

Applied For

Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONISTERE, SUSAN
 8999 NW 47 CT
 CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3961 BELMOOR DR
 City **PALM HARBOR** **FL** Zip Code **34685**

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

Susan L. Monistere

4-11-02

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.

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	PD	<input type="checkbox"/> Delete
NAME	MONISTERE, SUSAN L	
STREET ADDRESS	8999 NW 47 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VM	<input type="checkbox"/> Delete
NAME	MONISTERE, DANIEL J	
STREET ADDRESS	8999 NW 47 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3961 BELMOOR DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3961 BELMOOR DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan L. Monistere

4-11-02

727-786-9158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)