2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000065670**

1. Entity Name

INCOME SOLUTIONS, INC.

Principal Place of Business	Mailing Address
673 NORTHSHORE DR DEERFIELD BEACH FL 33442	PO BOX 4344 DEERFIELD BEACH FL 33442-4344

B0038320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 65-0851089	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
KROWN, MARSHA 673 NORTHSHORE DR DEERFIELD BEACH FL 33442	Name *GASKIN, PATRICK E.* Street Address (P.O. Box Number is Not Acceptable) *673 NORTHSHORE DR.* City *DEERFIELD BEACH* **FL** Zip Code *33442*

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 _*Patrick E. Gaskin, Pres.*_   *2/21/02*

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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME GASKIN, PATRICK E STREET ADDRESS 673 NORTHSHORES DR CITY-ST-ZIP DEERFIELD BEACH FL 33442	☐ Delete	TITLE *P/D* NAME STREET ADDRESS *673 NORTHSHORE DR.* 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _*Patrick E. Gaskin*_   *2/21/02*   *954-574-9792*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #