

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90042 013 ***150.00

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AV

DOCUMENT # P98000107420

1. Entity Name

KOSTER SOLUTIONS, INC.

Principal Place of Business

**459 GRENADIER AVE NW
PALM BAY FL 32907**

Mailing Address

**459 GRENADIER AVE NW
PALM BAY FL 32907**

2. Principal Place of Business

11126 PONDVIEW DR

3. Mailing Address

11126 PONDVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT D

APT D

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32825

Country

USA

Zip

32825

Country

USA

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3553564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOSTER, PATRICK G
459 GRENADIER AVE NW
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name

KOSTER, PATRICK G.

Street Address (P.O. Box Number is Not Acceptable)

11126 PONDVIEW DR

APT D

City

ORLANDO

FL

Zip Code

32825

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] **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

2/25/02

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

TITLE **D** ☐ Delete
NAME **KOSTER, PATRICK G**
STREET ADDRESS **459 GRENADIER AVE NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT (P)** ☒ Change ☐ Addition
NAME **KOSTER, PATRICK G.**
STREET ADDRESS **11126 PONDVIEW DR, APT D**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

321 427 6947

Daytime Phone #

CR2E034 (9/01)