

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90156 034 ***150.00

DOCUMENT # P98000107420

1. Entity Name
KOSTER SOLUTIONS, INC.



Principal Place of Business
11126 PONDVIEW DR
APT D
ORLANDO FL 32825

Mailing Address
11126 PONDVIEW DR
APT D
ORLANDO FL 32825

2. Principal Place of Business
11126 PONDVIEW DR

3. Mailing Address
11126 PONDVIEW DR

Suite, Apt. #, etc.
APT D

Suite, Apt. #, etc.
APT D

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32825

Country
USA

Zip
32825

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

KOSTER, PATRICK G
11126 PONDVIEW DR
APT D
ORLANDO FL 32825

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. I am familiar with, and accept the obligations of registered agent.

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

PATRICK G. KOSTER, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICK G. KOSTER

1/24/03

4072824848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)