

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90010 036 \*\*\*150.00

**DOCUMENT # P99000029305**

**1. Entity Name**  
**SOLUTIONS BUSINESS SERVICES, INC.**

**Principal Place of Business**

**4345 N HWY 19A**  
**MOUNT DORA FL 32757**

**Mailing Address**

**4345 N HWY 19A**  
**MOUNT DORA FL 32757**

**2. Principal Place of Business**

**2911-1 RULEME ST**

Suite, Apt. #, etc.

**3. Mailing Address**

**2911 RULEME ST**

Suite, Apt. #, etc.

**SUITE 1**

**City & State**

**EUSTIS**

**City & State**

**EUSTIS**

**Zip**

**FL**

**Country**

**LAKE**

**Zip**

**32726**

**Country**

**USA**

**4. FEI Number**

**65-0897088**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HINZ, DUANE A**  
**4345 N HWY 19A**  
**MOUNT DORA FL 32757**

**7. Name and Address of New Registered Agent**

**Name**

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

**2911-1 RULEME ST**

**City**

**EUSTIS**

**FL**

**Zip Code**

**32726**

**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, 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**

**TITLE** **P** ☐ Delete  
**NAME** **HINZ, SHERRILL H**  
**STREET ADDRESS** **4345 N HWY 19A**  
**CITY-ST-ZIP** **MOUNT DORA FL 32757**

**TITLE** **T** ☐ Delete  
**NAME** **HINZ, DUANE A**  
**STREET ADDRESS** **4345 N HWY 19A**  
**CITY-ST-ZIP** **MOUNT DORA FL 32757**

**TITLE** ☐ Delete  
**NAME**  
**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** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **2911-1 RULEME ST**  
**CITY-ST-ZIP** **EUSTIS FL 32726**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **2911-1 RULEME ST**  
**CITY-ST-ZIP** **EUSTIS FL 32726**

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

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**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-26-02 (352) 483-5351**

**Date**

**Daytime Phone #**

CR2E034 (9/01)