

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91256 039 ***150.00

DOCUMENT # P99000029305



1. Entity Name
SOLUTIONS BUSINESS SERVICES, INC.

Principal Place of Business
**355 PLAZA DRIVE
SUITE 2
EUSTIS, FL 32726**

Mailing Address
**355 PLAZA DRIVE
SUITE 2
EUSTIS, FL 32726**

94083762



2. Principal Place of Business

3411 N. HIGHWAY 19A
Suite, Apt. #, etc.

3. Mailing Address

3411 N. HIGHWAY 19A
Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

4. FEI Number

65-0897088

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINZ, DUANE A
355 PLAZA DRIVE
SUITE 2
EUSTIS, FL 32726**

7. Name and Address of New Registered Agent

Name

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

3411 N. HIGHWAY 19A

City

MOUNT DORA

FL

Zip Code

32757

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P HINZ, DUANE A**
STREET ADDRESS **355 PLAZA DRIVE #2**
CITY-ST-ZIP **EUSTIS, FL 32726**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P DUANE A. HINZ**
STREET ADDRESS **3411 N. HIGHWAY 19A**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **SHERILL D. HINZ**
CITY-ST-ZIP **3411 N. HIGHWAY 19A**
MOUNT DORA FL 32757

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

DUANE A. HINZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 (352)385-1501