

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000032448**1. Entity Name
FINANCIAL BUSINESS SOLUTION, INC.

Principal Place of Business

8910 N DALE MABRY HWY
STE 33
TAMPA
33614

FL

Mailing Address

5009 AVE. AVIGNON
LUTZ
33549

FL

2. Principal Place of Business
1445 KENSINGTON WOODS DRIVE3. Mailing Address
1445 KENSINGTON WOODS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LUTZ FL

City & State

LUTZ FL

4. FEI Number
59-3574146

Applied For

Not Applicable

Zip
33549

Country

Zip
33549

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LIVELY ROBERT A
5009 AVE. AVIGNONLUTZ FL
33549

7. Name and Address of New Registered Agent

Name

LIVELY ROBERT A

Street Address (P.O. Box Number is Not Acceptable)
1445 KENSINGTON WOODS DRIVECity
LUTZ

FL

Zip Code
33549

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 _____ **04/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KRACOV WILLIAM
STREET ADDRESS 101 WATERIDGE COURT
CITY-ST-ZIP SAFETY HARBOR FL 34695TITLE D ☐ Delete
NAME LIVELY ROBERT A
STREET ADDRESS 5009 AVE. AVIGNON
CITY-ST-ZIP LUTZ FL 33549TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME LIVELY DORIS A
STREET ADDRESS 1445 KENSINGTON WOODS DRIVE
CITY-ST-ZIP LUTZ FL 33549TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: DORIS A LIVELY

D

04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)