

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90094 028 \*\*\*150.00

0469869

**DOCUMENT # P99000045716**

1. Entity Name

**CURRENT BUSINESS SOLUTIONS, INC.**

Principal Place of Business

**74 HIDDEN COVE  
 VALPARAISO FL 32580**

Mailing Address

**74 HIDDEN COVE  
 VALPARAISO FL 32580**

2. Principal Place of Business

**247 DOMINICA CIR W**

Suite, Apt. #, etc.

3. Mailing Address

**247 DOMINICA CIR W**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**NICEVILLE, FL**

City & State

**NICEVILLE, FL**

4. FEI Number

**59-3576886**

Applied For

Not Applicable

Zip

**32578**

Country

**USA**

Zip

**32578**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LANG, KIMBERLY  
 74 HIDDEN COVE  
 VALPARAISO FL 32580**

7. Name and Address of New Registered Agent

Name **LANG, KIMBERLY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**247 DOMINICA CIRCLE W**  
 City **NICEVILLE** FL Zip Code **32578**

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

**KIMBERLY LANG**

**4/20/01**

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

(NOTE: Registered Agent's 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LANG, KIMBERLY A P	74 HIDDEN COVE	VALPARAISO FL 32580	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	LANG, KIMBERLY	247 DOMINICA CIR W	NICEVILLE, FL 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**KIMBERLY LANG**

**4/20/01**

**803-0151**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)