

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045716

1. Entity Name

CURRENT BUSINESS SOLUTIONS, INC.

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

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

Principal Place of Business

74 HIDDEN COVE  
VALPARAISO FL 32580

Mailing Address

74 HIDDEN COVE  
VALPARAISO FL 32580

2. Principal Place of Business

3. Mailing Address

247 DOMINICA CIR W

247 DOMINICA CIR W

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NICEVILLE, FL

City & State

NICEVILLE, FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

59-3576886

Applied For

Not Applicable

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

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

KIMBERLY LANG

(NOTE: Registered Agent's signature required when reinstating)

4/20/01

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  
P  
LANG, KIMBERLY A P  
74 HIDDEN COVE  
VALPARAISO FL 32580 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LANG, KIMBERLY  
247 DOMINICA CIR W  
NICEVILLE, FL 32578 ☒ Change ☐ Addition

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

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

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

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

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

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

KIMBERLY LANG

4/20/01

Date

803-0151

Daytime Phone #

0469869

CR2E034 (10/00)