

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067921**

1. Entity Name
PROPERTY SOLUTIONS-USA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90035 034 ***150.00

Principal Place of Business Mailing Address
303 E. ALTAMONTE DRIVE SUITE #1010 **303 E. ALTAMONTE DRIVE SUITE #1010**
ALTAMONTE SPRINGS FL 32701 **ALTAMONTE SPRINGS FL 32701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

City & State City & State
Zip Country Zip Country

4. Fed. Number **59-3590888** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BRUUN, JOHANNES V
303 E. ALTAMONTE DRIVE SUITE #1010
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code

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 _____ (NOTE: Registered Agent signature required when re-appointing) 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	D ☐ Delete
NAME	BRUUN, JOHANNES V
STREET ADDRESS	1656 PALM BEACH DRIVE
CITY-STATE-ZIP	APOPKA FL 32712
TITLE	D ☐ Delete
NAME	RAIMUNDO, PAULINO S
STREET ADDRESS	1749 S. LORRAINE DRIVE
CITY-STATE-ZIP	DELTONA FL 32725
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 or without other like or empowered.

SIGNATURE: Johannes V Bruun 4/20/01 407.830.5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)