## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000068000** Mar 21, 2000 8:00 am Secretary of State BRS SOLUTIONS, INC. 03-21-2000 90164 001 \*\*\*\*\*8.75 03-21-2000 90164 002 \*\*\*150.00 Principal Place of Business Mailing Address 3801 W. LAKE MARY BLVD., PMB3, STE, 119 3801 W. LAKE MARY BLVD., PM83, STE, 119 LAKE MARY FL 32746-6159 LAKE MARY FL 32746 11721 Principal Place of Business Mailing Address 801 W. Lake mary BOI W. Lake Mary DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Svite 119 119 عهار 4. FEI Number Applied For City & State *5*9- 3**6**01406 Not Applicable se Mary Country \$8.75 Additional 5. Certificate of Status Desired DSA 2 JSH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHREIBCA-Box Number is Not Acceptable) ALEXANDER, EDWARD R JR. 5728 MAJOR BLVD., STE. 550 ORLANDO FL 32819 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. resident - Secretary Schreiber, BANKY Change Addition ☐ Delete TITLE BLUD STELLIP OF SCHREIBER, BARRY NAME 3801 W. Lake M. STREET ADDRESS 3801 W. LAKE MARY BLVD., PMB3, STE, 119 STREET ADDRESS CITY-ST-ZIP Lake Mary FL CITY-ST-ZIP LAKE MARY FL 32746 Addition President -766 NUSA GO RUA Change ☐ Delete TITLE TITLE BARRY R. SCHKLIBER NAME NAME MUSAGORUN STREET ADDRESS STREET ADDRESS Lake Mary, FL 37146 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE Ko BEETA H. SCHREIBER NAME NAME 166 MUSAGO RUN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Lake mary, FL 32746 Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

13. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

Brand Tolk Chales BARRY R. SCHRORER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFIRECTOR

☐ Delete

3.13.00

407. 321. 5252

Change

Addition

Daytime Phone # 1