

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90007 010 \*\*\*558.75

**DOCUMENT # P99000068000**

1. Entity Name

**BRS SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

3801 W. LAKE MARY BLVD., STE. 119  
 LAKE MARY FL 32746

3801 W. LAKE MARY BLVD., STE. 119  
 LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

766 MUSAGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Mary FL

4. FEI Number 59-3601406

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHREIBER,  
 SCHREIBER, BARRY R  
 3801 WEST LAKE MARY BLVD.  
 SUITE 119  
 LAKE MARY FL 32746

NAME mis-spelled (3-9)

Name SCHREIBER, BARRY R

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Barry R Schreiber*

BARRY R SCHREIBER, President

6-29-01

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

(NOTE: Registered Agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
 NAME SCHREIBER, BARRY  
 STREET ADDRESS 3801 WEST LAKE MARY BLVD. SUITE 119  
 CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE VPT  
 NAME SCHREIBER, ROBERTA  
 STREET ADDRESS 766 MUSAGO ROAD  
 CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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:

*Barry R Schreiber*

BARRY R SCHREIBER

6-29-01

407-321-5352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)