

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91191 026 ***150.00

0413786 AV

DOCUMENT #	P990000069704
1. Entity Name	
EEO SOLUTIONS, INC.	

Principal Place of Business	Mailing Address
8578 GUNN HWY	8578 GUNN HWY
#152	#152
ODESSA FL 33556	ODESSA FL 33556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2701 W. Busch Blvd.	2701 W. Busch Blvd.
Suite 111	Suite 111
Tampa FL	Tampa FL
Zip 33618	Zip 33618
Country USA	Country USA

4. FEI Number	59-3588640	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------	---------------------------------------

6. Name and Address of Current Registered Agent
SHULMAN, CHRISTOPHER M
100 N STARCREST DRIVE
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
Name Christopher M. Shulman
Street Address (P.O. Box Number is Not Acceptable) 2701 W. Busch Blvd. Suite 111
City Tampa FL Zip Code 33618

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 CHRISTOPHER M. SHULMAN, Principal 3/31/02
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	SHULZMAN, CHRIS
STREET ADDRESS	8578 GUNN HWY #152
CITY-ST-ZIP	ODESSA FL 33556
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, CHRIS
STREET ADDRESS	2701 W. BUSCH BLVD. #111
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 all other like empowered.
SIGNATURE: CHRISTOPHER M. SHULMAN 3/31/02 813-935-9922
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

CR2E034 (9/01)