

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075522

1. Entity Name

TARGET SOLUTIONS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90087 002 ***150.00

Principal Place of Business

Mailing Address

1012 INGRAHAM AVE
DELRAY BEACH FL 33483

1012 INGRAHAM AVE
DELRAY BEACH FL 33483-6815

2. Principal Place of Business

206 A South Ocean Blvd.

3. Mailing Address

206 A South Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Delray Beach FL		City & State Delray Beach FL		4. FEI Number 65-0940159	Applied For <input type="checkbox"/> Not Applicable
Zip 33483	Country USA	Zip 33483	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELMACKI, DEBBIE A
1102 WINEBERRY COURT
OCOE FL 34751

Name

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D STELMACKI, DEBBIE A 1102 WINEBERRY COURT OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Debbie A. Stelmacki*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

561-279-2698
Daytime Phone #

CR2E034 (9/99)