

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90267 018 ***550.00

DOCUMENT # P99000105068

1. Entity Name
KINETIC SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**230 COASTLINE ROAD
 SUITE 110
 SANFORD FL 32771**

**230 COASTLINE ROAD
 SUITE 110
 SANFORD FL 32771**

2. Principal Place of Business

1855 West S.R. 434

3. Mailing Address

1855 West S.R. 434

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

Suite 214

City & State

Longwood, Florida

City & State

Longwood, Florida

Zip

32750

Country

U.S.A.

Zip

32750

Country

U.S.A.

4. FEI Number

59-3618178

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RANDALL, RODNEY M
 230 COASTLINE ROAD
 SUITE 110
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **Bandall, Rodney M.**
 Street Address (P.O. Box Number is Not Acceptable)
1855 West S.R. 434
 City **Longwood** FL Zip Code **32750**

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 **Rodney M. Bandall**
 Signature, typed or printed name of registered agent and title if applicable.

Rodney M. Bandall
 (NOTE: Registered Agent signature required when reinstating)

8/29/2001
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/C Rodney M. Bandall
STREET ADDRESS	110 Colonial Lane
CITY-ST-ZIP	Longwood, FL. 32750
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Jurasinski
STREET ADDRESS	540 Cavillon Parkway # 1118
CITY-ST-ZIP	St. Petersburg, Florida 33716
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: **Rodney M. Bandall**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/01
 Date

321-207-9190
 Daytime Phone #

CR2E034 (5/01)