

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S44060

1. Entity Name

SOLUTIONS, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90013 024 \*\*\*150.00

Principal Place of Business  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 650  
TAMPA FL 33607  
US

Mailing Address  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 650  
TAMPA FL 33602-4409  
US

2. Principal Place of Business  
611 N. Franklin St.  
Suite, Apt. #, etc.

3. Mailing Address  
611 N. Franklin St.  
Suite, Apt. #, etc.

City & State Tampa, FL

City & State Tampa, FL

Zip 33602 Country

Zip 33602 Country

4. FEI Number 59-3059244  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WOLFE, RANDOLPH J.  
201 N FRANKLIN ST  
SUITE 2100  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	VS	<input type="checkbox"/> Delete
NAME	KOEHLER, DEBRA F	
STREET ADDRESS	6200 COURTNEY CAMPBELL	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	WILSON, JACK	
STREET ADDRESS	6200 COURTNEY CAMPBELL	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWERS, CHRISTOPHER G	
STREET ADDRESS	6200 COURTNEY CAMPBELL STE 650	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID T.	
STREET ADDRESS	6200 COURTNEY CAMPBELL	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEALY, ROBERT W.	
STREET ADDRESS	6200 COURTNEY CAMPBELL	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, STEPHEN J.	
STREET ADDRESS	ONE TAMPA CITY CENTER	
CITY-ST-ZIP	TAMPA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: \_\_\_\_\_ Date: 1/24/00 Daytime Phone #: 813-387-6000

CR2E034 (9/99)