FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am **DOCUMENT # \$44060 Secretary of State** 1. Entity Name SOLUTIONS, INC. 02-15-2001 90097 022 \*\*\*150.00 Principal Place of Business Mailing Address 611 N FRANKLIN ST 611 N FRANKLIN ST CUUMMUIU TAMPA FL 33602 TAMPA FL 33602 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3059244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLFE, RANDOLPH J. Street Address (P.O. Box Number is Not Acceptable) 201 N FRANKLIN ST **SUITE 2100 TAMPA FL 33602** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE **X** Delete TITLE KOEHLER, DEBRA F NAME **6200 COURTNEY CAMPBELL** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP CEO TITLE TITLE ☐ Change ■ Addition Delete WILSON, JACK NAME NAME 6200 COURTNEY CAMPBELL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 611 N. Franklin Street Change TITLE Delete TITLE BOWERS, CHRISTOPHER G NAME NAME Tampa, FL 33602 6200 COURTNEY CAMPBELL STE 650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE SMITH, DAVID T. NAME NAME 6200 COURTNEY CAMPBELL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition TITLE TITLE ☐ Delete NAMÉ HEALY, ROBERT W. NAME 6200 COURTNEY CAMPBELL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL TITLE **Delete** TITLE ☐ Change ☐ Addition NAME MITCHELL, STEPHEN J. NAME STREET ADDRESS ONE TAMPA CITY CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL

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 eath; 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: KORGW KORGW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/12/01

8/3-387-6000

Daytime Phone #

R2E034 (10/C

NAME & ADDRESS	TITLE	CHANGE/ADDITION
Brian Schnieders 611 N. Franklin St. Tampa, FL 33602	Vice President	Addition
Gary Sherman 611 N. Franklin St. Tampa, FL 33602	Vice President	Addition
Ron Marcotte 611 N. Franklin St. Tampa, FL 33602	Vice President	Addition