

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51416

1. Entity Name

SOLUTIONS - MANUFACTURERS REPRESENTATIVES, INC.

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90025 024 \*\*\*150.00

Principal Place of Business

105 S. RIVERSIDE DR  
SUITE 152  
INDIAN ATLANTIC FL 32903  
US

Mailing Address

105 S. RIVERSIDE DR  
SUITE 152  
INDIAN ATLANTIC FL 32903  
US

A0007427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 ASHLEY AVE  
Suite, Apt. #, etc.

3. Mailing Address

1000 ASHLEY AVE  
Suite, Apt. #, etc.

City & State

INDIAN HARBOUR BCH FL

City & State

INDIAN HARBOUR BCH FL

4. FEI Number

59-3131944

Applied For

Not Applicable

Zip

32937

Country

USA

Zip

32937

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POST, RICHARD W.  
1000 ASHLEY AVE  
SUITE 505  
INDIAN HARBOUR BCH FL 32937

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

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	POST, RICHARD W.	
STREET ADDRESS	330 FIFTH AVE	
CITY-ST-ZIP	INDIAN ATLANTIC FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ST CLAIR, DAVID	
STREET ADDRESS	330 FIFTH AVE	
CITY-ST-ZIP	INDIAN ATLANTIC FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, RICHARD W.	
STREET ADDRESS	1000 ASHLEY AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST CLAIR, DAVID	
STREET ADDRESS	1000 ASHLEY AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUMHOFFER, CHARLES	
STREET ADDRESS	1000 ASHLEY AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS, BILL	
STREET ADDRESS	1000 ASHLEY AVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
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:

*[Signature]*

CHARLES BAUMHOFFER

Date

1/10/01

Daytime Phone #

407-257-1548

CR2E034 (10/00)