## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 22, 2002 8:00 am Secretary of State DOCUMENT # 235150 1. Entity Name SOLOMON CONSTRUCTION CO OF QUINCY 05-22-2002 90251 050 \*\*\*150.00 Principal Place of Business Mailing Address 414 CALDWELL ST. 414 CALDWELL ST. QUINCY FL 32351 **QUINCY FL 32351** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0901442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOLOMON, S.H.IV Street Address (P.O. Box Number is Not Acceptable) 3735 BOBBIN MILL-RD. ALLOUN ST TALLAHASSEE FL-32312 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 12. 11. TITLE Addition ☐ Delete TITI F NAME NAME SOLOMON, S.H.,IV 118 CALHOUN ST 3785 BOBBINMILL RD. STREET ADDRESS STREET ADDRESS QuiNcy FL 32351 CITY-ST-7IP TALLAHASSEE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE STD ☐ Delete TITLE NAME NAME SOLOMON, EDITH STREET ADDRESS STREET ADDRESS 118 CALHOUN CITY-ST-ZIP CITY-ST-ZIP **QUINCY FL** 32351 ☐ Change TITLE ☐ Delete TITLE Addition NAME MARTELLARO, SHARON A NAME STREET ADDRESS STREET ADDRESS 1406 OSCEOLA ST CITY-ST-ZIP CITY-ST-ZIP QUINCY, FL 00000 3235/ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SAM H SOLOMON W 4/2002 850-627-8428 **SIGNATURE:**