

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90197 018 \*\*\*150.00

**DOCUMENT # L19986**

1. Entity Name

**SOLO DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

BOX 568821 (328568821)  
 S. DELANEY AVE  
 FL 32806-1275

P.O. BOX 568821 (328568821)  
 908 S. DELANEY AVE  
 ORLANDO FL 32806-1246  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2977457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, MAURY L.**  
**908 S. DELANEY AVE**  
**ORLANDO FL 32806**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAT</b> <b>POITRAS, JAMES W.</b> <b>198 HIGHLAND ST</b> <b>HOLLISTON MA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>POITRAS, PATRICIA T.</b> <b>198 HIGHLAND ST</b> <b>HOLLISTON MA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>POITRAS, EDWARD W.</b> <b>27 B. MOORE RD</b> <b>HAINES CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>POITRAS, KAY G</b> <b>27 B. MOORE RD</b> <b>HAINES CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPAT</b> <b>CARTER, MAURY L.</b> <b>908 S. DELANEY AVE</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAT</b> <b>CARTER, DARYL M.</b> <b>908 S. DELANEY AVE</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19 00

Date

407/422-3144

Daytime Phone #

CR2E034 (9/99)

#49986  
646813

Additional Sheet

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UNIFORM BUSINESS REPORT

2000

SOLO DEVELOPMENT CORPORATION

(Note: The following officer(s)/director(s) was/were omitted  
from the 2000 UBR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

<u>No</u>	<u>Description</u>	<u>Information</u>	<u>Status</u>
7.1.	TITLE	S	Addition
7.2.	NAME	Wray, Pamela L.	
7.3.	ADDRESS	908 S Delaney Ave	
7.4.	CITY-ST-ZIP	Orlando FL 32806-1275	
8.1.	TITLE	VP	Addition
8.2.	NAME	Douglas, Jeffrey R.	
8.3.	ADDRESS	908 S Delaney Ave	
8.4.	CITY-ST-ZIP	Orlando FL 32806-1275	

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