2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90054 026 ***158.75

DOCUMENT # 648786

1. Entity Name
SOLAR CITY, INC.

Principal Place of Business
4305 W ALVA ST
TAMPA FL 33614

Mailing Address
4305 W ALVA ST
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 6420 BENJAMIN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TAMPA, FLORIDA
Zip / Country	Zip 33634-5112 / Country HILLSBOROUGH

4. FEI Number 59-2010522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHABES, ROBERT J., JR.
6219 IMPERIAL KEY
TAMPA FL

7. Name and Address of New Registered Agent

Name MICHAEL D. GINSBERG, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
6420 BENJAMIN ROAD
City TAMPA FL Zip Code 33634-5112

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 Michael D. Ginsberg, Esquire 4-9-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
MICHAEL D. GINSBERG, ESQUIRE

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	PD	☐ Delete
NAME	SCHABES, ROBERT J. ,JR.	
STREET ADDRESS	6219 IMPERIAL KEY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ Delete
NAME	BENTLEY, CHARLES W.,II	
STREET ADDRESS	4305 W ALVA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ Delete
NAME	LARGE, STEVEN	
STREET ADDRESS	10021 S W 7TH CT	
CITY-ST-ZIP	PEMBROOKE PINES FL	
TITLE	ST	☒ Delete
NAME	HICKS, ROBERT	
STREET ADDRESS	14259 SHEARWATER CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634-5112	
TITLE	CD	☒ Change ☐ Addition
NAME		
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634-5112	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634-5112	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	ROBERT W. SCHABES	
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634-5112	
TITLE	VP	☐ Change ☒ Addition
NAME	TROY S. MILLAR	
STREET ADDRESS	6420 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA, FLORIDA 33634-5112	

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: X C. W. Bentley 4-9-01 (813) 881-1988-EXT: 223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHARLES W. BENTLEY II DIRECTOR & CHAIRMAN

CR2E034 (10/00)