

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129809

**Entity Name:** SINGLE-PLY SOLUTIONS, INC.

**Current Principal Place of Business:**

316 SE 17TH PLACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

316 SE 17TH PLACE  
CAPE CORAL, FL 33990 US

**FEI Number:** 26-1531772

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PORTA, JASON J  
Address 316 SE 17TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

Title T  
Name PORTA, JASON J  
Address 316 SE 17TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

Title SECRETARY  
Name ULMAN, DEBORAH RUTH  
Address 316 SE 17TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

Title D  
Name PORTA, JASON J  
Address 316 SE 17TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON PORTA

**PRESIDENT**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date