

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90044 019 \*\*\*150.00

**DOCUMENT # 228570**

1. Entity Name  
**SOLAR TESTING SERVICE INC**

Principal Place of Business  
**6401 LYONS ROAD**  
**COCONUT CREEK FL 33073**

Mailing Address  
**5670 SANTIAGO CIRCLE**  
**BOCA RATON FL 33433**

2. Principal Place of Business  
**5670 Santiago Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Boca Raton FL**  
 Zip  
**33433**  
 Country  
**Palm Beach**

City & State  
 Zip  
 Country

4. FEI Number **59-0920602**

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

**MCKENZIE, JACK**  
**5670 SANTIAGO CIRCLE**  
**BOCA RATON FL 33433**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	MCKENZIE, JACK	6401 LYONS ROAD	COCONUT CREEK FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5670 Santiago Circle	Boca Raton FL 33433		

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 an other I have empowered.

SIGNATURE: Jack McKenzie President 1/17/01 561-395-3037  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)