

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90264 047 ***150.00

DOCUMENT # 499135

1. Entity Name

SOLAR-GARD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

13770 AUTOMOBILE BLVD
 CLEARWATER FL 33762
 US

13770 AUTOMOBILE BLVD
 CLEARWATER FL 33762-3818
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1657386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	V	<input type="checkbox"/> Delete
NAME	LAZOWSKI, FRANK J	
STREET ADDRESS	11416 NEWPORT DR. W.	
CITY-ST-ZIP	WILLOWSPRINGS IL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	NADIG, GERALD G	
STREET ADDRESS	24354 GRANDVIEW DR	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, THOMAS E	
STREET ADDRESS	28278 W GRAY BARN LANE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLETCHER, DAVID	
STREET ADDRESS	14079 VALLY SPRINGS ROAD	
CITY-ST-ZIP	POWAY CA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WACLAWIK, JAMES J SR	
STREET ADDRESS	2153 SPAULDING AVE	
CITY-ST-ZIP	W DUNDEE IL 60118	
TITLE	V	<input type="checkbox"/> Delete
NAME	PLUMMER, JEFFREY R	
STREET ADDRESS	388 1ST STREET W	
CITY-ST-ZIP	TIERRA VERDE FL 33707	

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

SIGNATURE:

David A. Fletcher **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

Daytime Phone #

CR2E034 (9/99)