2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 532634 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name STANLEY J. SOLOMON, P.A. 04-10-2000 90011 001 ***150.00 Principal Place of Business Mailing Address 3511 S. PENINSULA DRIVE 3511 S PENINSULA DR DAYTONA BEACH FL 32127 DAYTONA BEACH FL 32127-4623 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1738064 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLOMON, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 3511 S. PENINSULA DRIVE DAYTONA BEACH FL 32127 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Defete Change ■ Addition CR2E0()4 (1/1) TITLE SOLOMON, STANLEY J. NAME NAME STREET ADDRESS 49 VILLAGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ■ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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. of the corporation or the receiver changed, or on an attachment with

Tonles