

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90350 015 ***150.00

DOCUMENT # **590423**

1. Entity Name

BARCLAY ASSOCIATES INC.
DBA/ SOLAR CONCEPTS OF BOCA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

572 N.W. 11TH AVE

3. Mailing Address

572 N.W. 11TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON, FL 33486

BOCA RATON, FL 33486

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-2051840

4. FEI Number

59-2051840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name:

DAVID B. SMITH

Street Address (P.O. Box Number is Not Acceptable)

572 N.W. 11TH AVE

City

BOCA RATON

FL

Zip Code

33486

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PTO
NAME	SMITH, JEFFREY B.A.
STREET ADDRESS	572 N.W. 11TH AVE.
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	VSD
NAME	SMITH, DAVID B.
STREET ADDRESS	572 N.W. 11TH AVE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. SMITH

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
FEI#

SOLAR CONCEPTS OF BOCA

572 N.W. 11th. Ave.
Boca Raton, Fl. 33486

561-394-6641

59-2051840

596423

118686

6/22/02

Department of State,

I have no record of having
received a corporate annual report this
year. I phoned the dept. and was
advised to get the form off the internet
and send it with payment of \$150. and
include this letter of explanation.

Sincerely

Don B. Smith VSD