(4/03)

**FILED** 

## 2003 FOR PROFIT CORPORATION

## Jul 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** 590423 DOCUMENT # 07-31-2003 90067 023 \*\*\*150.00 1. Entity Name BARCLAY ASSOCIATES, INC. Principal Place of Business Mailing Address 572 NW 11TH AVE 572 NW 11TH AVE **BOCA RATON FL 33486-3461 BOCA RATON FL 33486-3461** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2051840 Not Applicable Zip Country. 🚚 👡 \_\_Zip \_\_\_ \_ 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 SMITH, DAVID B. Street Address (P.O. Box Number is Not Acceptable) **572 NW 11TH AVE BOCA RATON FL 33432** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, JEFFREY B A NAME NAME 572 NW 11TH AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP VSD TITLE TITLE ☐ Change ☐ Delete ☐ Addition SMITH, DAVID B NAME NAME 572 NW 11TH AVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ... TITLE . -- Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empower

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Affachment#
SOLAR CONCEPTS OF BOCA

P. O. Box 2202 Boca Raton, Florida 33427 [407] 394-6641

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Department of Alle,

The attached "Uniform Besiness Report" mother was received received and motived the late for imposed. There is the only notice that we have received to date. Show what the see that your mailing records have our correct adoless.

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