2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 607261 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** SOLO HOLDING COMPANY, INC. 03-24-2000 90123 003 ***150.00 Principal Place of Business Mailing Address 4056 BROWNS RT-5 BOX-347 B T RT-5 BOX 347 B LANDING Rd PALATKA FL 32177-9805 P.O. BOX 1522 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address 4056 BROWNS LANDING Rd 4056 BROWNS LANDING Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1880619 FL PALATKA PALATKA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 3217.7 PUTNAM PUTNAM . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLOMON, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 4056 BROWNS LANDING RT. 3 BOX 347 B PALATKA FL 32177 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. DATE (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 12. 11: 데 Change ☐ Addition ☐ Delete TITLE SOLOMON, FREDA M NAME NAME 4056 BROWNS LANDING RT. 3 BOX 347 B STREET ADDRESS STREET ADDRESS PALATKA, FL. 32177 PALATKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE SOLOMON, ROBERT E NAME 4056 BROWNS LANDING PALATRA, FL 32177 RT. 3 BOX 347 B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL □ Addition Delete TITLE TITLE NAME 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-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE: FREDAM 5010 M 3501 JEQ FICE OF DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/99)