

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90054 026 ***158.75

DOCUMENT # 648786

1. Entity Name
SOLAR CITY, INC.

Principal Place of Business

4305 W ALVA ST
TAMPA FL 33614

Mailing Address

4305 W ALVA ST
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

6420 BENJAMIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

Zip

Country

Zip

Country

33634-5112

HILLSBOROUGH

4. FEI Number 59-2010522

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHABES, ROBERT J., JR.
6219 IMPERIAL KEY
TAMPA FL

7. Name and Address of New Registered Agent

Name: MICHAEL D. GINSBERG, ESQ.

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

6420 BENJAMIN ROAD

City

TAMPA

FL

Zip Code

33634-5112

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 of person in charge of registered agent (and not the agent's 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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SCHABES, ROBERT J., JR.	6219 IMPERIAL KEY	TAMPA FL	
D	BENTLEY, CHARLES W., II	4305 W ALVA ST	TAMPA FL	
VP	LARGE, STEVEN	10021 S W 7TH CT	PEMBROOKE PINES FL	
ST	HICKS, ROBERT	14259 SHEARWATER CT	CLEARWATER FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6420 BENJAMIN ROAD	TAMPA, FLORIDA 33634-5112	
CD		6420 BENJAMIN ROAD	TAMPA, FLORIDA 33634-5112	<input checked="" type="checkbox"/>
		6420 BENJAMIN ROAD	TAMPA, FLORIDA 33634-5112	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
VP	ROBERT W. SCHABES	6420 BENJAMIN ROAD	TAMPA, FLORIDA 33634-5112	<input type="checkbox"/>
VP	TROY S. MILLAR	6420 BENJAMIN ROAD	TAMPA, FLORIDA 33634-5112	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)