

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004529

1. Entity Name

SOLIS LUDIN ECKERT, P.C.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90086 050 ***150.00

Principal Place of Business

Mailing Address

PO BOX 941419
MAITLAND FL 32794-1419PO BOX 941419
MAITLAND FL 32794-1419

0 2 0 1 0 1

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2628553**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDIN, CRAIG L
500 N. MAITLAND AVE SUITE 100
MAITLAND FL 32751

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when re-registering)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SOLIS, DAVID H	345 N. YORK RD	HATBORO PA 19040							
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ECKERT, SANDRA D	345 N. YORK RD	HATBORO PA 19040				400 Lakeside Drive, Suite 113	Horsham, PA 19044		
	ST			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	LUDIN, CRAIG L	500 N. MAITLAND AVE SUITE 100	MAITLAND FL 32751							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input 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

CRAIG L LUDIN

Date

Daytime Phone #

407-622-7060

CR2E034 (10/00)