

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91308 034 ***158.75

DOCUMENT # F01000003518

1. Entity Name

SOL PROPERTY DEVELOPMENT, INC.

Principal Place of Business

**301 CONGRESS AVENUE, SUITE 1900
 AUSTIN TX 78701**

Mailing Address

**301 CONGRESS AVENUE, SUITE 1900
 AUSTIN TX 78701**

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

74-3006476

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIORDANI, ROSEANNE

2340 PERIWINKLE WAY, UNIT M-1

SANIBEL FL 33957

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **GRALNICK, MARVIN J**
 CITY-ST-ZIP **2340 PERIWINKLE WAY, UNIT M-1
 SANIBEL FL 33957**

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **Giordani, Roseanne**
 CITY-ST-ZIP **2340 Periwinkle Way, Unit M-1
 Sanibel, FL 33957**

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **GRALNICK, MARVIN J**
 CITY-ST-ZIP **2340 PERIWINKLE WAY, UNIT M-1
 SANIBEL FL 33957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

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 is true and accurate and that my signature shall have the same legal effect as if made under oath that I am a duly elected director of the corporation or the receiver or trustee empowered to execute this report. I declare 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: *Roseanne Giordani*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

512-370-2740

CR2E034 (9/01)