

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F95000005128**

1. Entity Name
SOLATUBE INTERNATIONAL, INC.



Principal Place of Business
**2210 OAK RIDGE WAY
VISTA CA 92083
US**

Mailing Address
**2210 OAK RIDGE WAY
VISTA CA 92083
US**

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 **33-0676655** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ HALE, MERCEDES
101 E. KENNEDY BLVD, STE. 2000
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DC** Delete
NAME **RILLIE, DAVID W**
STREET ADDRESS **2210 OAK RIDGE WAY**
CITY-ST-ZIP **VISTA CA 92083**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** Change Addition
NAME **RILLIE, DAVID W**
STREET ADDRESS **2210 OAK RIDGE WAY**
CITY-ST-ZIP **VISTA CA 92083**

TITLE **DP** Delete
NAME **SCHWEIBOLD, DONALD J**
STREET ADDRESS **2210 OAK RIDGE WAY**
CITY-ST-ZIP **VISTA CA 92083**

TITLE **DP** Change Addition
NAME **SCHWEIBOLD, DONALD J**
STREET ADDRESS **2210 OAK RIDGE WAY**
CITY-ST-ZIP **VISTA CA 92083**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David J. Rillie* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

Daytime Phone #