

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90054 038 ***150.00

DOCUMENT # G10895

1. Entity Name
SOLO SERVICE STATIONS, INC.

Principal Place of Business SUITE 621 2105 ATLANTIC ST MELBOURNE BCH FL 32951 US	Mailing Address SUITE 621 2105 ATLANTIC ST MELBOURNE BCH FL 32951-2433 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 406 McGUIRE BLVD.	3. Mailing Address 406 McGUIRE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State INDIAN HARBOUR BEACH	City & State INDIAN HARBOUR BEACH
Zip 32937-4053	Country US

4. FEI Number 59-2233478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELLINGER, DONNA
2105 ATLANTIC ST #621
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name
DELLINGER, DONNA
 Street Address (P.O. Box Number is Not Acceptable)
406 McGUIRE BLVD.
~~INDIAN HARBOUR BEACH,~~
 City
INDIAN HARBOUR BCH, FL Zip Code
32937-4053

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 *Donna Dellinger* **DONNA DELLINGER** 4/1/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P DELLINGER, DONNA 2105 ATLANTIC ST STE 621 MELBOURNE BEACH FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 406 McGUIRE BLVD INDIAN HARBOUR BCH, FL 32937-4053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donna Dellinger* **DONNA DELLINGER** 4/1/00 321-773-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)