

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
 03-29-2000 90068 001 ***150.00

DOCUMENT # H24310

1. Entity Name
SOLAAS & ASSOCIATES, INC.

Principal Place of Business ROBERT M. SOLAAS 3026 CAROL AVENUE LAKE WORTH FL 33461	Mailing Address % ROBERT M. SOLAAS 3026 CAROL AVENUE LAKE WORTH FL 33470-4246
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00047300



2. Principal Place of Business Suite, Apt. #, etc. 1060 "A" ROAD City & State Loxahatchee FL Zip 33470	3. Mailing Address Suite, Apt. #, etc. 1060 "A" ROAD City & State Loxahatchee FL Zip 33470
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2454273	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
SOLAAS, ROBERT M.
3026 CAROL AVENUE
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
 Name
SOLAAS, ROBERT M
 Street Address (P.O. Box Number is Not Acceptable)
1060 "A" ROAD
Loxahatchee
 City
FL Zip Code
33470

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 _____ (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

TITLE P	<input type="checkbox"/> Delete
NAME SOLAAS, ROBERT M.	
STREET ADDRESS 3026 CAROL AVENUE	
CITY-ST-ZIP LAKE WORTH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLAAS, ROBERT M	
STREET ADDRESS 1060 "A" ROAD	
CITY-ST-ZIP Loxahatchee, FL 33470	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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: Robert Solaas 3/29/00 Sel 371 2210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)