

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90028 047 ***150.00

0401094 AV

DOCUMENT # J84799

1. Entity Name
SOLCON 3000, INC.

Principal Place of Business

**C/O HUFFMAN
 223 SUNSET AVENUE
 PALM BEACH FL 33480**

Mailing Address

**C/O HUFFMAN
 223 SUNSET AVENUE
 PALM BEACH FL 33480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0007139

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUFFMAN, KENT ESQ.
 223 SUNSET AVENUE
 SUITE #260
 PALM BEACH FL 33480**

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 **PD** ☐ Delete
 NAME **HUFFMAN, KENT**
 STREET ADDRESS **223 SUNSET AVENUE, STE. 260**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

561-833-5833

Daytime Phone #

CR2E034 (9/01)

KENT HUFFMAN
ATTORNEY AT LAW
223 SUNSET AVENUE SUITE 260
PALM BEACH, FLORIDA 33480

TELEPHONE (561) 833-5833
TELECOPIER (561) 835-0855

2/4/02

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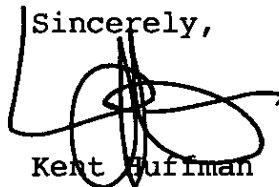
Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: SOLCON 3000, INC.

Dear Sirs:

Accompanying this letter you will find the 2002 UNIFORM BUSINESS REPORT of the above referenced corporation, and a check in the amount of \$150.00, payable to the Secretary of State to cover your fee for this filing.

Sincerely,

A handwritten signature in black ink, appearing to be 'Kent Huffman', written over a horizontal line.

Kent Huffman

KH/mac