

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90788 004 ***150.00

DOCUMENT # **J84799**

1. Entity Name
SOLCON 3000, INC.



Principal Place of Business
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~
~~223 SUNSET AVENUE~~
~~PALM BEACH FL 33480~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~

Mailing Address
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~
~~223 SUNSET AVENUE~~
~~PALM BEACH FL 33480~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~



2. Principal Place of Business
c/o Huffman
Suite, Apt. #, etc.
350 Royal Palm Way #409

3. Mailing Address
c/o Huffman
Suite, Apt. #, etc.
350 Royal Palm Way #409

CHECK HERE IF MAKING CHANGES

Palm Beach, FL
33480 USA
Country

Palm Beach, FL
33480 USA
Country

4. FEI Number **65-0007139** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~
~~SUNSET AVENUE~~
~~SUITE #200~~
~~PALM BEACH FL 33480~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~

7. Name and Address of New Registered Agent
Name
Huffman, Kent Esq.
Street Address (P.O. Box Number is Not Acceptable)
350 Royal Palm Way
Suite 409
City **Palm Beach** FL **33480**

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 DATE **4/9/03**

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUFFMAN, KENT		NAME KENT HUFFMAN	
STREET ADDRESS 223 SUNSET AVENUE, STE. 200		STREET ADDRESS 350 ROYAL PALM WAY #409	
CITY-ST-ZIP PALM BEACH FL 33480		CITY-ST-ZIP PALM BEACH, FL 33480	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **pres.** DATE: **4/9/03** DAYTIME PHONE #: **561-833-5633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)