

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90410 042 \*\*\*150.00

**DOCUMENT # K81420**

1. Entity Name  
**SOLIDTOP SPECIALISTS, INC.**

Principal Place of Business      Mailing Address  
**251 NW 1ST ST**      **251 NW 1ST ST**  
**55 NE SPANISH TRAIL**      **DEERFIELD BEACH FL 33441**  
**DEERFIELD BCH FL 33441**      **US**  
**US**

2. Principal Place of Business      3. Mailing Address  
**251 NW 1ST ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**DEERFIELD BCH, FL.**

Zip      Country      Zip      Country  
**33441**      **USA**

4. FEI Number      Applied For  
**65-0122881**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MANIERRE, JAMES**  
**251 NW 1ST STREET**  
**DEERFIELD BEACH FL 33441**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	MANIERRE, JAMES	
STREET ADDRESS	P.O. BOX 1040 N/A	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HORNE, LYNN	
STREET ADDRESS	4001 NW 3RD AVE	
CITY-ST-ZIP	BOCA RATON 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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIERRE, JAMES	
STREET ADDRESS	251 NW 1ST ST.	
CITY-ST-ZIP	DEERFIELD BCH, FL. 33441	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, LYNN	
STREET ADDRESS	251 NW 1ST ST.	
CITY-ST-ZIP	DEERFIELD BCH, FL. 33441	
TITLE	SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLE, GENE	
STREET ADDRESS	251 NW 1ST ST.	
CITY-ST-ZIP	DEERFIELD - BCH, FL. 33441	
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01      (954) 570-6646  
Date      Daytime Phone #

CR2E034 (10/00)