

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23613

1. Entity Name  
SOLO VENTURES, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90050 030 \*\*\*550.00

Principal Place of Business 1115 DUNCAN DRIVE WINTER SPRINGS FL 32708 US	Mailing Address 124 ROBIN RD STE 1400 ALTAMONTE SPRINGS FL 32701-5028 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1115 DUNCAN DRIVE Suite, Apt. #, etc.
City & State WINTER SPRINGS FL 32708	City & State FL 32708
Zip 32708	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2994518	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 LA BRET, STEVEN M., P.A. 501 N. MAGNOLIA AVE. SUITE A ORLANDO FL 32801	7. Name and Address of New Registered Agent Name IRIS CRYSTAL Street Address (P.O. Box Number is Not Acceptable) 1115 DUNCAN DRIVE WINTER SPRINGS City FL 32708
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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 *IRIS Crystal* IRIS Crystal  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 9/13/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELBO-GINGOLD, JUDY L 300 RINGWOOD CIRCLE WINTER SPRINGS FL 32708 <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
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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: *Jody GINGOLD* Jody GINGOLD Pres. 9/13/2000 407 365-6992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)