

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000048

1. Entity Name
SOLAR, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:38

Principal Place of Business
4420 MERCANTILE AVE
NAPLES FL 34104

Mailing Address
4420 MERCANTILE AVE
NAPLES FL 34104-3348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0650348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, CHARLES M JR.
KELLY, PRICE, ET AL.
2640 GOLDEN GATE PKWY, STE. 315
NAPLES FL 34105

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
TAISHOFF, LAWRENCE B
4420 MERCANTILE AVE
NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500003102465-1
-01/19/00-01040-022
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
TAISHOFF, ROBERT P
1321 WASHINGTON DR
ANNAPOLIS MD 21403 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-6-00 941-261-2660

000015 1

CR2E083 (9/99)