

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800000 6781

1. Entity Name *Solutions 2000 of America, Inc.*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 24 AM 11:03

Principal Place of Business *Pompano Beach, FL.* Mailing Address *1610 NE 32 Ct.
Pompano Beach, FL.
33064*

2. Principal Place of Business *1610 NE 32 Ct* 3. Mailing Address *1610 NE 32 Ct*
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Pompano Beach, FL* City & State *Pompano Beach, FL* 4. FEI Number *65-0938149* Applied For
Zip *33064* Country *USA* Zip *33064* Country *USA* 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent *Stuart J. Starr
721 NE 3 Ave.
Ft. Lauderdale, FL. 33304* 7. Name and Address of New Registered Agent
Name *John L. Williams*
Street Address (P.O. Box Number is Not Acceptable)
1610 NE 32 Court
City *Pompano Beach, FL* Zip Code *33064*

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 *John L. Williams* *John L. Williams* 5/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
TITLE *President* ☐ Delete
NAME *John L. Williams*
STREET ADDRESS *1610 NE 32 Ct.*
CITY-ST-ZIP *Pompano Beach, FL. 33064*
TITLE *V.P.* ☐ Delete
NAME *Shirley R. Williams*
STREET ADDRESS *1610 NE 32 Ct.*
CITY-ST-ZIP *Pompano Beach, FL. 33064*
TITLE *Treas.* ☐ Delete
NAME *Lori Wheaton*
STREET ADDRESS *883 SW. 10 St.*
CITY-ST-ZIP *Pompano Beach, FL. 33060*
TITLE *V.P.* ☐ Delete
NAME *Joe Behr*
STREET ADDRESS *883 SW. 10 St.*
CITY-ST-ZIP *Pompano Beach, FL. 33060*
TITLE *Sec.* ☐ Delete
NAME *Stuart Starr*
STREET ADDRESS *1515 E. Broward*
CITY-ST-ZIP *Ft. Lauderdale, FL. 33301*
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *500004315815--8*
CITY-ST-ZIP *-05/24/01--01087--026*
*****192.50 ****192.50*
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 no 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 617, 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: *John L. Williams* 5/20/01 (954) 641-3042
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)