2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 AM
Secretary of State

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Entity Name: SOULUTIONS 2000 OF AMERICA, INC.

Current Principal Place of Business:

1610 NE 32 CT
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1610 NE 32 CT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-0938149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JOHN L
1610 NE 32 CT
POMPANO BEACH, FL 33064

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILLIAMS, JOHN L	
Address:	1610 NE 32 CT	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	DV	( ) Delete
Name:	WILLIAMS, SHIRLEY R	
Address:	1610 NE 32 CT	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	TD	( ) Delete
Name:	WHEATON, LORI	
Address:	883 SW 10 ST	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	DV	( ) Delete
Name:	BEHR, JOE	
Address:	883 SW 10 ST	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	S	( ) Delete
Name:	STARR, STUART	
Address:	1515 E BROWARD	
City-St-Zip:	FT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. WILLIAMS PRES 07/02/2002

Electronic Signature of Signing Officer or Director — Date