

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90235 021 ***150.00

DOCUMENT # P00000016190

1. Entity Name
SOLLEY, INC.

915580



DO NOT WRITE IN THIS SPACE

Principal Place of Business % WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547	Mailing Address % WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547
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2. Principal Place of Business 4602 SOUTHWINDS DR Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6815 Suite, Apt. #, etc.
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City & State DESTIN, FL Zip 32550-4245 Country U.S.	City & State DESTIN, FL Zip 32550-6815 Country U.S.
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4. FEI Number 59-3630419	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

FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name
MICHAEL W SOLLEY
Street Address (P.O. Box Number is Not Acceptable)
4602 SOUTHWINDS DR
City
DESTIN FL Zip Code
32550-4245

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 Michael W. Solley MICHAEL W. SOLLEY, CHAIRMAN 1/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLLEY, MICHAEL W 200 SAN DESTIN LANE, APT. 604 DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN MICHAEL W. SOLLEY 4602 SOUTHWINDS DR DESTIN, FL 32550-4245 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / CEO PATSY L. SOLLEY 4602 SOUTHWINDS DR DESTIN, FL 32550-4245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Michael W. Solley MICHAEL W. SOLLEY 1/30/01 850 650-8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)