

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90025 040 ***150.00

DOCUMENT # P00000052104

1. Entity Name
SOLARCARE SYSTEMS INC.

LA

Principal Place of Business
610 S.E. 9TH AVENUE
POMPANO BEACH FL 33060

Mailing Address
610 S.E. 9TH AVENUE
POMPANO BEACH FL 33060

2. Principal Place of Business

610 SE 9 AV

Suite, Apt. #, etc.

3. Mailing Address

610 SE 9 AV

Suite, Apt. #, etc.

City & State

Pompano Beach FL

33060

USA

City & State

Pompano Beach FL

33060

USA

4. FEI Number

65-1011533

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, EDGAR A
610 S.E. 9TH AVENUE
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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)

(NOTE: Registered Agent signature required when reinstating)

2 Jul 01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCGREEVY, MARTIN J**
STREET ADDRESS **5778 GRAND LAGOON BLVD.**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete
NAME **SMITH, EDGAR A**
STREET ADDRESS **610 S.E. 9TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

16 Jul 01 954.9411750

CR2E034 (5/01)

Attachment DOC# D00000058104
773461

Dear Division of Corporations,

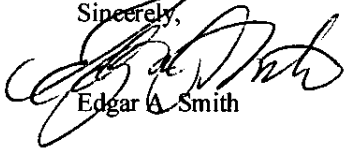
I received your letter 11 July 2001, and did not understand the late fee. I returned it the day after receiving, and did not notice any request for fee, however when I called they explained where the request for funds was, and I saw it, I did not receive any letter prior to that one. This is my first year filing, and I was not aware there was a fee.

I am very sorry for my mistake and oversight, I assure you it will not happen again.

I inserted the requested number 65 10011533, and enclosed a check for \$150. Please wave the late fee, as it was not intentional in any way. I appreciate any consideration for circumstances.

Thank you in advance for any help you can give me,

Sincerely,



Edgar A. Smith