

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90019 044 ***150.00

0065647

DOCUMENT # P00000093329

1. Entity Name

STANDARD SOLUTIONS, INC.

Principal Place of Business

1227 ROGERS ST
 CLEARWATER FL 33756

Mailing Address

1227 ROGERS ST
 CLEARWATER FL 33756

2. Principal Place of Business

1227 Rogers St.

Suite, Apt. #, etc.

Suite E

3. Mailing Address

1227 Rogers St.

Suite, Apt. #, etc.

Suite E

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

4. FEI Number

59-3673834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KNAPMEYER, DONALD C
413 CLEVELAND ST
CLEARWATER FL 33755

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, 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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAPMEYER, DONALD C	
STREET ADDRESS	413 CLEVELAND ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REUVEN MARCUS	
STREET ADDRESS	301 ISLAND WAY, UNIT I	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH I. MARCUS	
STREET ADDRESS	301 ISLAND WAY, UNIT I	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH I. MARCUS

Date

Daytime Phone #

4/24/01 (727) 466-0460

CR2E034 (10/00)