

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93598 018 ***150.00

DOCUMENT # P01000052267 ✓

1. Entity Name

Solar Systems of North Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

235 Whistler Spring Court

3. Mailing Address

P.O. Box 16952

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3723363

Applied For

Not Applicable

Zip

Country

32225

U.S.

Zip

Country

32245

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce Wayne Turner, Sr.

Street Address (P.O. Box Number is Not Acceptable)

235 Whistler Spring Court

City

Jacksonville

FL

Zip Code

32225

**DO NOT WRITE
IN THIS SPACE**

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

Bruce Wayne Turner Sr Bruce Wayne Turner Sr 5-15-02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/T/D/RA
NAME Bruce Wayne Turner, Sr.
STREET ADDRESS 235 Whistler Spring Court
CITY-ST-ZIP Jacksonville, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/S/D
NAME Dean Beaudry
STREET ADDRESS 1728 Southcreek Drive
CITY-ST-ZIP Jacksonville, FL 32259

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce Wayne Turner Sr Bruce W Turner 5-15-02 904-1733-4547

CR2E034B (12/01)