

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90043 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067749

1. Entity Name
SOLID BODY INVESTMENTS INC.



90100550

Principal Place of Business
1814 COMMERCIAL SUITE D
VERO BEACH, FL 32960

Mailing Address
945 35TH AVENUE
VERO BEACH, FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
739 22nd st

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State

Zip
32960

Country
USA

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1120503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROST, SHAWN
945 35TH AVENUE
VERO BEACH, FL 32960

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if any (Typed)

DATE

FILE SHOWN TO THE SECRETARY OF STATE
ON APR 22, 2003 FOR THE 2003 UBR
PLEASE CHECK PAYMENT WITH SECRETARY OF STATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
FROST, SHAWN
945 35TH AVENUE
VERO BEACH, FL 32960 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
FROST, RENEE
945 35TH AVENUE
VERO BEACH, FL 32960 ☐ Delete

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

TITLE
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CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

12. 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Renee D. Frost

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

Renee D. Frost

4-15-03 567-6556

CR2604 (10/02)