

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90152 030 ***150.00

DOCUMENT # P01000070161

1. Entity Name
SOLA SOFTWARE CONSULTING, INC.

Principal Place of Business
1819 CROSS CREEK WAY EAST
DUNEDIN FL 34698

Mailing Address
1819 CROSS CREEK WAY EAST
DUNEDIN FL 34698

2. Principal Place of Business
1106 SO. MISSOURI AVE
Suite, Apt. #, etc. #309

3. Mailing Address
PO Box 986
Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
58-2637157

Applied For
Not Applicable

Zip
33756

Country
USA

Zip
33757

Country
USA

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

6. Name and Address of Current Registered Agent

HOOD, MELISSA
1819 CROSS CREEK WAY EAST
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name
MELISSA HOOD
Street Address (P.O. Box Number is Not Acceptable)
1106 SO. MISSOURI AVE #309
City **CLEARWATER, FL** **FL** **Zip Code** **33756**

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  **MELISSA P. HOOD** **1/20/2002**
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, 2002 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** ☐ **Delete**
NAME **SOLA, GREG**
STREET ADDRESS **1819 CROSS CREEK WAY EAST**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 **D** ☒ **Change** ☐ **Addition**
NAME **SOLA, GREG**
STREET ADDRESS **1106 SO. MISSOURI AVE #309**
CITY-ST-ZIP **CLEARWATER, FL 33756**

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

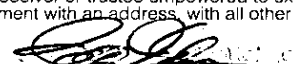
TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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:  **GREGORY J. SOLA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2002 (818) 554-8833
Date Daytime Phone #

CR2E034 (9/01)