

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90092 009 ***150.00

DOCUMENT # PO100007065
1. Entity Name SOLITE INC

DO NOT WRITE IN THIS SPACE

B0056692

2. Principal Place of Business 801-D N. 9th AVE
Suite, Apt. #, etc.

3. Mailing Address ← SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PENSACOLA City & State FL
4. FEI Number 59-3736557 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 32501 Country ESCAMBIA Zip Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name LARRY E. SOLICE
Street Address (P.O. Box Number is Not Acceptable) 801-D N. 9th AVE
City PENSACOLA FL Zip Code 32501

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 LARRY E. SOLICE [Signature] DATE 3.19.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES - V.P.</u> <u>LARRY E. SOLICE</u> <u>801-D N. 9th AVE</u> <u>PENSACOLA, FLA 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FRAN COOPER</u> <u>TREASURER - SEC.</u> <u>3804 BRITANNY PL</u> <u>PENSACOLA, FL. 32504</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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] LARRY E. SOLICE DATE 3.19.02 850 434-2828
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034B (12/01)