

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

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 019 ***150.00

DOCUMENT # 1. Entity Name	P 01000090169
Solution Builders of North Florida, Inc.	

DO NOT WRITE IN THIS SPACE

425181

2. Principal Place of Business 627 Hwy 17 South Suite, Apt. #, etc.		3. Mailing Address 627 Hwy 17 South Suite, Apt. #, etc.	
City & State San Mateo, Florida		City & State San Mateo, Florida	
Zip 32187	Country US	Zip 32187	Country US
4. FEI Number 36-4469250		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Madeline Gayle Pass	
		Street Address (P.O. Box Number is Not Acceptable) 354 Sisco Rd	
		City Pomona Park	Zip Code FL 32181

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 *Madeline Gayle Pass* **2/28/02**
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. <input type="checkbox"/> <small>(See criteria on back)</small>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D Olson Pass 354 Sisco Rd Pomona Park, Florida 32181	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]* **3/24/02** **386-325-5110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)