

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90089 005 ***150.00

DOCUMENT # P02000041039

1. Entity Name
SOLEIL TECHNOLOGY SOLUTIONS, INC.



Principal Place of Business
121 RADCLIFFE CT
JUPITER, FL 33458

Mailing Address
121 RADCLIFFE CT
JUPITER, FL 33458

2. Principal Place of Business

P.O. Box 31196

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 31196

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Palm Beach Gardens, FL

Zip

33420

Country

City & State

Palm Beach Gardens, FL

Zip

33420

Country

4. FEI Number

81-0548623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVKEES, PETER C
502 GENIUS DRIVE
WINTER PARK, FL 32789

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 applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P-D** ☐ Delete
NAME **SCOTT C. COLTON**
STREET ADDRESS **P.O. Box 31196**
CITY-ST-ZIP **Palm Beach Gardens, FL 33420**

TITLE **VP - D-S** ☐ Delete
NAME **Peter C. Rivkees**
STREET ADDRESS **502 Genius Drive**
CITY-ST-ZIP **Winter Park, FL 32789-5735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

Date

407-622-2080

Daytime Phone #

CR2E034 (10/02)