

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90157-037-\$150.00-\$150.00

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DOCUMENT # P02000093452

1. Entity Name  
MICHAEL J. SOLOMON, P.A.



03 OCT -9 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
3904 CORVETA COURT  
ORLANDO FL 32837

Mailing Address  
3904 CORVETA COURT  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3885885

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAK, STEPHEN D ESQ.  
2345 SAND LAKE ROAD  
SUITE 120  
ORLANDO FL 32809

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
0  
SOLOMON, MICHAEL J  
3904 CORVETA COURT  
ORLANDO FL 32837

☐ Delete

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

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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:

*Michael J. Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

221018

Attachment#

80148330  
PO2000093452

September 10, 2003

Florida Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I respectfully request that the late filing fee for the 2003 Uniform Business Report be waived. My company did not receive the first notice. During the beginning of 2003, the company underwent management restructuring and a change in Certified Public Accountant representation. With these changes, the first notice may have been delivered to a prior representative. Enclosed is the \$150.00 filing fee for the 2003 Uniform Business Report along with my apologies.

Sincerely,



Michael Solomon  
President, Michael J. Solomon, P.A.