

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

FILED


03 OCT -9 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0017333
AV

DOCUMENT # P02000093452


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



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



03

CHECK HERE IF MAKING CHANGES

4. FEI Number
92-3885885

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ (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

TITLE	0	<input type="checkbox"/> Delete
NAME	SOLOMON, MICHAEL J	
STREET ADDRESS	3904 CORVETA COURT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Michael J. Solomon Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

22 10/8

Attachment#

80148330
P02000093452

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.