P02000093452 DOCUMENT #

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

SECRETARY OF STATE FALLAHASSEE FLORIDA

03 OCT -9 PM 12: 44

CHECK HERE IF MAKING CHANGES.

4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

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

Name						
٠.	-	-	 -	-	-	

Street Address (P.O. Box Number is Not Acceptable)

City 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.

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

Make Check Payable to Fiorida Department of State

. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

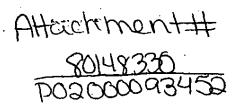
\$5.00 May Be Added to Fees

CR2E034

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Addition TITLE ☐ Delete SOLOMON, MICHAEL J NAME NAME STREET ADDRESS 3904 CORVETA COURT STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition TITLE: . -TITLE: -- 🗔 Deleta---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Chance ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

Davume Phone #



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.