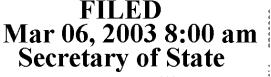
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P02000095594 **DOCUMENT #** 1. Entity Name SOLO BUSINESS CONSULTING INC.



03-06-2003 90112 011 \*\*\*150.00

GOLO BOOMALOS COMSOLIMO, MAC.					
Principal Place of Business 11883 SW 9 MANOR DAVIE FL 33325		Mailing Address 11883 SW 9 MANOR DAVIE FL 33325			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 06 - 16455 79	Applied For Not Applicable
Zìp	Country	Zip	Country	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	
FORBES, RICHARD 11883 SW 9 MANOR DAVIE FL 33325				Name Street Address (P.O. Box Number is Not Acceptable)	
			City		Zip Code

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 \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORBES, RICHARD NAME NAME STREET ADDRESS 11883 SW 9 MANOR STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORBES, JOANN NAME NAME STREET ADDRESS 11883 SW 9 MANOR STREET ADORESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP TITLE Delete~ TITLE: Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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

12. Thereby 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 wild all other like empowered

SIGNATURE:

the obligations of registered agent.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR