

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041038

1. Entity Name

MARIUSZ SOLPA, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90023 050 \*\*\*550.00

Principal Place of Business  
 3076 KAPOK KOVE DR.  
 CLEARWATER FL 34619

Mailing Address  
 301 SOMERSET LANE  
 PALM HARBOR FL 34684

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 19321-C US HWY 19N

City & State  
 CLEARWATER FL

Zip  
 33764

Country

4. FEI Number  
 59-3181131

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
 MARIUSZ SOLPA

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

City  
 PALM HARBOR FL Zip Code  
 34684

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SEP 8, 2000

9. Is this corporation eligible to satisfy its Intangible (Sx filing requirement and elects to do so. See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 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

Date

Daytime Phone #

SEP 8, 2000

CR2E034 (9/99)