

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91772 007 ***150.00

DOCUMENT-# *P95000096204*

1. Entity Name

SOLUTION COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2320 N. HICKORY GLEN PT.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1043

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HERNANDO, FL.

City & State

LECANTO, FL.

4. FEI Number

59-3362690

Applied For

Not Applicable

Zip

Country

34442 USA

Zip

Country

34460 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GEORGE K. SLEEMAN

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

2320 N. HICKORY GLEN PT.

City

HERNANDO

FL

Zip Code

34442

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

George K. Sleeman

GEORGE K. SLEEMAN

4/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*GEORGE K. SLEEMAN - PRESIDENT
2320 N. HICKORY GLEN PT.
HERNANDO, FL. 34442*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
BETSY SLEEMAN
2320 N. HICKORY GLEN PT.
HERNANDO, FL. 34442*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George K. Sleeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE K. SLEEMAN

4/24/03

Date

352-322-7559

Daytime Phone #

CR2E034B (12/02)