

DOCUMENT # P96000074718

1. Entity Name

SUSAN SOLOMON & ASSOCIATES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

01-18-2000 90167 016 ***150.00

Principal Place of Business

2998 OAKTREE LANE
HOLLYWOOD FL 33021

Mailing Address

2998 OAKTREE LANE
HOLLYWOOD FL 67357-3329

2. Principal Place of Business

1330 Main St

Suite, Apt. #, etc.

3. Mailing Address

1330 MAIN ST

Suite, Apt. #, etc.

City & State

Parsons KS

Zip

67357

Country

USA

City & State

PARSONS, KS

Zip

67357

Country

USA

4. FEI Number

65-0691867

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, SUSAN
2998 OAKTREE LANE
HOLLYWOOD FL 330211330 MAIN ST
PARSONS, KS 67357

7. Name and Address of New Registered Agent

Name BERNICE SOLOMON

Street Address (P.O. Box Number is Not Acceptable)
10370 SILVER LAKE DR

City BOCA RATON

FL

Zip Code

33428

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

9. This corporation is eligible to satisfy its Intangible
Tax 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

TITLE D
NAME SOLOMON, SUSAN, PRESIDENT ☐ Delete
STREET ADDRESS 2998 OAKTREE LANE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1330 MAIN ST
CITY-ST-ZIP PARSONS, KS 67357

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
NAME BERNICE SOLOMON
STREET ADDRESS 10370 SILVER LAKE DR. 561-488-6059
CITY-ST-ZIP BOCA RATON, FL 33428

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

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

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

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

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 #

CR2E034 (9/99)