

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000074718

1. Entity Name
SUSAN SOLOMON & ASSOCIATES, INC.

Principal Place of Business
1330 MAIN STREET
PARSONS KS 67357

Mailing Address
1330 MAIN STREET
PARSONS KS 67357

2. Principal Place of Business
10370 SILVER LAKE DR

3. Mailing Address
20423 STATE ROAD 7
Suite, Apt. #, etc.
F6-271

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33428

Country

Zip
33428

Country

4. FEI Number
65-0691867

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

SOLOMON BERNICE
10370 SILVER LAKE DRIVE
BOCA RATON FL 33428 US

7. Name and Address of New Registered Agent

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

SIGNATURE SUSAN SOLOMON-GRIMES

01/23/2001

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, 2001 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	☐ Delete
NAME	SOLOMON SUSAN	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change	☐ Addition
NAME	SOLOMON-GRIMES SUSAN		
STREET ADDRESS	10370 SILVER LAKE DRIVE		
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: Susan Solomon-Grimes

PRES

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)