

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 018 ***150.00

DOCUMENT # **P910000074718 ✓**
1. Entity Name
SUSAN SOLOMON & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16395 73 CT N Suite, Apt. #, etc.		3. Mailing Address 16395 73 CT N Suite, Apt. #, etc.	
City & State Loxahatchee, FL		City & State Loxahatchee, FL	
Zip 33470	Country USA	Zip 33470	Country USA

DO NOT WRITE IN THIS SPACE

4. FFL Number 65-0691867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSAN SOLOMON GRIMES
Street Address (P.O. Box Number is Not Acceptable) 16395 73 CT N
City LOXAHATCHEE FL Zip Code 33470

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* Director DATE **4-16-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	SUSAN SOLOMON - DIRECTOR 16395 73 CT N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER BERNICE SOLOMON 10370 SILVER LAKE DR BOCA RATON, FL 33428
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Susan Solomon* DATE **4-16-02** 561-791-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #