

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029429

1. Entity Name

SOL CAT, INC.

Principal Place of Business

Mailing Address

C/O LAZYDAZE SURF & SWIM  
12189 US HWY #1  
NORTH PALM BEACH FL 33408

LAZYDAZE SURF AND SKATE  
12189 US HWY 1  
N PALM BEACH FL 33408-2641  
US

2. Principal Place of Business

12189 US Hwy 1

3. Mailing Address

12189 US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. palm fl

City & State

N. palm fl

Zip

33405

Country

usa

Zip

33405

Country

usa

4. FEI Number

65-0754093

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DERIAN, AMIE F  
237 RILYN DRIVE  
237 RILYN DR  
W. PALM BEACH FL 33405

Name

Amie Hamilton

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

237 Rilyn Dr

West Palm, FL

City

FL

Zip Code

33405

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

Amie Hamilton

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

(NOTE: Registered Agent signature required when reinstating)

Apr 29

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME HAMILTON, AMELIA  
STREET ADDRESS 237 RILYN DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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:

Amie Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90276 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

561 8625-9283