

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030689

1. Entity Name
SOLUTION ONE MARITIME, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90094 049 ***150.00

Principal Place of Business
107 N. 11TH ST.
TAMPA FL

Mailing Address
107 N. 11TH ST.
TAMPA FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2719 East Adamo Dr.
Suite, Apt. #, etc.

3. Mailing Address
2719 East Adamo Dr.
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33605

Country
Hillsborough

Zip
33605

Country
Hillsborough

4. FEI Number 59-3437916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GRECO, FRANK J.
1715 N WESTSHORE BOULEVARD
ST 750
TAMPA FL 36607

7. Name and Address of New Registered Agent
Name
BARBARA A. SINSLEY
Street Address (P.O. Box Number is Not Acceptable)
100 N. TAMPA STREET
SUITE 3550
City
TAMPA FL Zip Code 33602

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	JADALLAH, LUTFI J	107 N 11TH ST 2719 E. ADAMO DR	TAMPA FL 33602 TAMPA - FL. 33605	<input type="checkbox"/>
DVS	JADALLAH, YUSRI	107 N 11TH ST. 2719 E. ADAMO DR	TAMPA FL TAMPA. FL. 33605	<input type="checkbox"/>
DP	JADALLAH, SAMI J	107 N 11TH ST. 2719 E. ADAMO DR	TAMPA FL TAMPA. FL. 33605	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, or all other like empowered.

SIGNATURE: LUTFI J. JADALLAH 4-4-01 813-241-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)