

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90103 006 ***150.00

DOCUMENT # P97000043446

1. Entity Name

SOLUNET GOVERNMENT SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

**1571 ROBERT J CONLAN BLVD
SUITE 110
PALM BAY FL 32905
US**

**1571 ROBERT J CONLAN BLVD
SUITE 110
PALM BAY FL 32905-3562
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1864316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2607**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WERTHEIMER, HELEN	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WERTHEIMER, MICHAEL	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CHAMBERLAND, ROGER	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD, SUITE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger R. Chamberland	
STREET ADDRESS	1571 Robert J. Conlan Blvd. Ste 110	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	Director-CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Ericson	
STREET ADDRESS	1571 Robert J Conlan Blvd Ste 110	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven J. Benson	
STREET ADDRESS	1571 Robert J Conlan Blvd Ste 110	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald F Barelli	
STREET ADDRESS	1571 Robert J Conlan Blvd Ste 110	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW MAY	
STREET ADDRESS	1571 Robert J Conlan Blvd Ste 110	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
HARRY V. ERICSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
Date

321-676-7947
Daytime Phone #

CR2E034 (9/99)