

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070301

1. Entity Name

SOLAR EMPIRE, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90009 010 \*\*\*550.00

Principal Place of Business

630 GOLDEN BEACH DRIVE  
GOLDEN BEACH FL 33160

Mailing Address

630 GOLDEN BEACH DRIVE  
GOLDEN BEACH FL 33160

80067330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KLAPHOLZ, JOSEPH P  
2500 HOLLYWOOD BLVD STE 212  
HOLLYWOOD FL 33020

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

*William Patrick Driggers*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PVST ☒ Delete  
NAME DRIGGERS, PATRICK  
STREET ADDRESS 630 GOLDEN BCH DR  
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE William Patrick ☒ Change ☐ Addition  
NAME 630 Golden Beach Dr.  
STREET ADDRESS Golden Bch. Fl. 33160  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME DRIGGERS, PATRICK  
STREET ADDRESS 630 GOLDEN BCH DR  
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE William Patrick ☒ Change ☐ Addition  
NAME 630 Golden Beach Dr  
STREET ADDRESS Golden Bch. Fl. 33160  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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:

*William Patrick Driggers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.06.00

Date

9544580661

Daytime Phone #