

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072435

1. Entity Name

SOLAR SHIELD ENTERPRISES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90248 018 ***150.00

Principal Place of Business

Mailing Address

7160 CYPRESS COVE ROAD
JACKSONVILLE FL 32244

7160 CYPRESS COVE ROAD
JACKSONVILLE FL 32073-2713

2. Principal Place of Business

1746 Cinnamon Dr.

3. Mailing Address

1746 Cinnamon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

Country

32073 USA

Zip

Country

32073 USA

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number

59-3464126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GAUTIER, LISA	
STREET ADDRESS	7160 CYPRESS COVE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILDOSTEGUI, ERNEST III	
STREET ADDRESS	7160 CYPRESS COVE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAUTIER, THOMAS	
STREET ADDRESS	7160 CYPRESS COVE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gautier, Lisa	
STREET ADDRESS	1746 Cinnamon Dr.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vildostegui, Ernest III	
STREET ADDRESS	1746 Cinnamon Dr.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gautier, Thomas	
STREET ADDRESS	1746 Cinnamon Dr.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Lisa M. Gautier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (904) 204-8856
Date Daytime Phone #