

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
 03-06-2000 90024 037 \*\*\*150.00

**DOCUMENT # P97000085703**

1. Entity Name  
**SOLUNET HOLDING COMPANY, INC.**

Principal Place of Business Mailing Address  
 1571 ROBERT J. CONLAN BLVD., STE. 110 1571 ROBERT J. CONLAN BLVD., STE. 110  
 PALM BAY FL 32905 PALM BAY FL 32905-3562

A0027014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>91-1878504</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTHEIMER, MICHAEL J		NAME	Roger R. Chamberland	
STREET ADDRESS	1571 ROBERT J. CONLAN BLVD., STE. 110		STREET ADDRESS	1571 Robert J. Conlan Blvd Suite 110	
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Director - CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTHEIMER, HELEN M.		NAME	Harry Ericson	
STREET ADDRESS	1571 ROBERT J. CONLAN BLVD., STE. 110		STREET ADDRESS	1571 Robert J. Conlan Blvd Ste 110	
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERLAND, ROGER		NAME	Steven J. Benson	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD SUITE 110		STREET ADDRESS	1571 Robert J. Conlan Blvd Ste 110	
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ronald A. Borelli	
STREET ADDRESS			STREET ADDRESS	1571 Robert J Conlan Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Andrew M. M.	
STREET ADDRESS			STREET ADDRESS	1571 Robert J Conlan Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Palm Bay FL 32905	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 a address, with all other like empowered.

**SIGNATURE:** Harry V. Ericson **SIGNATURE REQUIRED** 2/25/00 321-616-7947  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)