## 2000 UNIFORM BUSINESS REPORT (UBR)

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n address, with all other like empowered.

## DOCUMENT # **P97000094061** May 10, 2000 8:00 am Secretary of State SOLAR DATA SERVICES INTERNATIONAL, INC. 05-10-2000 90076 015 \*\*\*150.00 Mailing Address Principal Place of Business 1030 CHARMINGFARE COURT 1030 CHARMINGFARE COURT WESLEY CHAPEL FL 33543-6538 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3505966 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LARRACAS, GREGORIO B Street Address (P.O. Box Number is Not Acceptable) 1030 CHARMINGFARE COURT **WESLEY CHAPEL FL 33543** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition Change ☐ Delete TITLE THUE LARRACAS, GREGORIO B NAME STREET ADDRESS 1030 CHARMINGFARE COURT STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE YLAGAN, PEDRO H JR NAME 1221 TREESDALE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WESLEY CHAPEL FL 33543** ☐ Change ☐ Addition TITLE □ Delete TITLE ROA. JESUS M NAME NAME 6602 SUSSMAN PL 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 regeiver 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 in changed, or on an attacking on the corporation of the