

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094061

1. Entity Name

SOLAR DATA SERVICES INTERNATIONAL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90272 002 ***150.00

Principal Place of Business 1030 CHARMINGFARE COURT WESLEY CHAPEL FL 33543	Mailing Address 1030 CHARMINGFARE COURT WESLEY CHAPEL FL 33543
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3505966	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LARRACAS, GREGORIO B 1030 CHARMINGFARE COURT WESLEY CHAPEL FL 33543
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when re-registering) 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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LARRACAS, GREGORIO B 1030 CHARMINGFARE COURT WESLEY CHAPEL FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VDT CELESTE G. LARRACAS 1030 CHARMINGFARE COURT WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD YLAGAN, PEDRO H JR 1221 TREESDALE COURT WESLEY CHAPEL FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD KRISTINE G. LARRACAS 1030 CHARMINGFARE COURT WESLEY CHAPEL, FL 33543 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROA, JESUS M 6602 SUSSMAN PL 104 TAMPA FL 33615 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001 813-368-7625

Date

Daytime Phone

CR2E034 (10/00)