

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094376

1. Entity Name

SOLARVEIL AMERICA, INC.

Principal Place of Business

177 RAINTREE DRIVE
LONGWOOD FL 32779-4912

Mailing Address

177 RAINTREE DRIVE
LONGWOOD FL 32779-4912

2. Principal Place of Business

601 Central Park Dr

3. Mailing Address

601 Central Park Dr

Suite, Apt. #, etc.

Northstar Bus. Park

Suite, Apt. #, etc.

Northstar Bus. Pk

City & State

Sanford FL

City & State

Sanford FL

Zip

32771

Country

USA

Zip

32771

Country

USA

6. Name and Address of Current Registered Agent

SNYDER, WILLIAM H
177 RAINTREE DRIVE
LONGWOOD FL 32779-4912

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	PD	<input type="checkbox"/> Delete
NAME	SNYDER, WILLIAM H	
STREET ADDRESS	177 RAINTREE DRIVE	
CITY - ST - ZIP	LONGWOOD FL 32779-4912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LESLIE, DAVID P	
STREET ADDRESS	1235 GLENCREST DRIVE	
CITY - ST - ZIP	HEATHROW FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IRELAND, ROBERT W	
STREET ADDRESS	177 RAINTREE DRIVE	
CITY - ST - ZIP	LONGWOOD FL 32779-4912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SNYDER, JULIA D	
STREET ADDRESS	177 RAINTREE DRIVE	
CITY - ST - ZIP	LONGWOOD FL 32779-4912	
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		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2313 Vine Street	
CITY - ST - ZIP	Orlando FL 32806	
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:

William H. Snyder, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

(407) 328-5150

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90014 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476781 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E034 (9/99)