

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094376

1. Entity Name
SOLARVEIL AMERICA, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90326 043 ***150.00

Principal Place of Business

Mailing Address

601 CENTRAL PARK DR
NORTH STAR BUS PARK
SANFORD FL 32771

601 CENTRAL PARK DR
NORTH STAR BUS PARK
SANFORD FL 32771

2. Principal Place of Business

49 Coastline Drive

Suite, Apt. #, etc.

3. Mailing Address

49 Coastline Drive

Suite, Apt. #, etc.

City & State
Sanford, Florida

City & State
Sanford, Florida

Zip
32771

Country
USA

Zip
32771

Country
USA

4. FEI Number 59-3476781

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, WILLIAM H
177 RAIN TREE DRIVE
LONGWOOD FL 32779-4912

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 WILLIAM H. SNYDER Will H Snyder, Pres. DATE 2-26-01

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, WILLIAM H 177 RAIN TREE DRIVE LONGWOOD FL 32779-4912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESLIE, DAVID P 1235 GLENCREST DRIVE HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRELAND, ROBERT W 177 RAIN TREE DRIVE LONGWOOD FL 32779-4912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, JULIA D 2313 VINE STREET ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

177 Raintree Dr
Longwood FL 32779

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: Will H Snyder, Pres. WILLIAM H. SNYDER DATE 2-26-01 DAYTIME PHONE # 407-328-5150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)