

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 033 ***150.00

0090136 AV

DOCUMENT # P97000094376

1. Entity Name

SOLARVEIL AMERICA, INC.



Principal Place of Business

**49 COASTLINE DRIVE
SANFORD FL 32771**

Mailing Address

**49 COASTLINE DRIVE
SANFORD FL 32771**

2. Principal Place of Business

3875 St. Johns Parkway

3. Mailing Address

3875 St. Johns Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sanford, Florida

City & State
Sanford, Florida

4. FEI Number
59-3476781

Applied For
Not Applicable

Zip
32771-6316

Country
USA

Zip
32771-6316

Country
USA

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

6. Name and Address of Current Registered Agent

SNYDER, WILLIAM H

**177 RAINTREE DRIVE 1472 SHADWELL CIRCLE
LONGWOOD FL 32779-4912 HEATHROW, FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3875 St. Johns Parkway

Sanford

City

FL Zip Code
32771-6316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD SNYDER, WILLIAM H**
STREET ADDRESS **177 RAINTREE DRIVE 1472 SHADWELL CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779-4912 HEATHROW, FL 32746**

TITLE ☐ Delete
NAME **SD IRELAND, ROBERT W**
STREET ADDRESS **177 RAINTREE DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779-4912**

TITLE ☐ Delete
NAME **TD SNYDER, JULIA D**
STREET ADDRESS **177 RAINTREE DRIVE 1472 SHADWELL CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779 HEATHROW, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3875 St. Johns Parkway**
CITY-ST-ZIP **Sanford, FL 32771-6316**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3875 St. Johns Parkway**
CITY-ST-ZIP **Sanford, FL 32771-6316**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3875 St. Johns Parkway**
CITY-ST-ZIP **Sanford, FL 32771-6316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4-30-03 (407) 328-5150
Date Daytime Phone #

CR2E034 (10/02)