

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90120 007 ***150.00

DOCUMENT # P97000098478

1. Entity Name
SOLATURE, INC.



Principal Place of Business
**4830 W KENNEDY BLVD
SUITE 440
TAMPA FL 33609**

Mailing Address
**4830 W KENNEDY BLVD
SUITE 440
TAMPA FL 33609**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4830 W. Kennedy Blvd.

3. Mailing Address

4830 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 440

Suite, Apt. #, etc.

Suite 440

City & State

Tampa, FL

City & State

Tampa FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

59-3477988

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, SCOTT
6107 GALLEON WAY
TAMPA FL 33615**

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. 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
TAYLOR, SCOTT D
4830 W KENNEDY BLVD, STE #440
TAMPA FL 33609** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SOUZA, DAVID
4830 W KENNEDY BLVD, STE #440
TAMPA FL 33609** ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 813-335-1692

CR2E034 (10/02)