

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105456

1. Entity Name

SOLEE CORP., INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90097 007 \*\*\*150.00

Principal Place of Business

1790 W. HWY. 22  
 WEWAHITCKA FL 32465

Mailing Address

P. O. BOX 1986  
 PANAMA CITY FL 32402-1986

2. Principal Place of Business

1790 W. Hwy 22  
 Suite, Apt. #, etc.

3. Mailing Address

SOLEE CORP., INC.  
 P.O. Box 1986

City & State

WEWAHITCKA, FL

City & State

PANAMA CITY, FL

Zip

32465

Country

USA

Zip

32402

Country

USA

4. FEI Number

59-3485646

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

SOWELL, JOSEPH W  
 1790 W. HWY. 22  
 WEWAHITCKA FL 32465

Name

JOSEPH W. SOWELL

Street Address (P.O. Box Number is Not Acceptable)

1790 W. HWY 22

City

WEWAHITCKA

FL

Zip Code

32465

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS SOWELL, JOSEPH W  
 CITY-ST-ZIP 8346 HWY 22  
 PANAMA CITY FL 32404

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

TITLE ☐ Delete  
 NAME ST  
 STREET ADDRESS SOWELL, CAROLE T  
 CITY-ST-ZIP 8346 HWY 22  
 PANAMA CITY FL 32404

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: JOSEPH W. SOWELL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 4/24/00 850-639-4582  
 Daytime Phone #

CR2E034 (9/99)