

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90008 023 ***150.00

DOCUMENT # P97000106852

1. Entity Name

SOLUTIONS ENGINEERING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2880 ILLIANA CT
 ORLANDO FL 32806

2880 ILLIANA CT
 ORLANDO FL 32822-3307

2. Principal Place of Business

4906 Patch Road

3. Mailing Address

4906 Patch Road

Suite, Apt. #, etc.

B-727

Suite, Apt. #, etc.

Suite B727

City & State

Orlando FL

City & State

Orlando FL

Zip

32822

Country

USA

Zip

32822

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3482524

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

ROY, MICHAEL J
 2880 ILLIANA CT
 ORLANDO FL 32806

Name

Roy, Michael J.

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

4906 Patch Road

Suite B727

City

Orlando

FL

Zip Code

32822

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 D
 STREET ADDRESS ROY, MICHAEL J
 CITY-ST-ZIP 2880 ILLIANA CT- 4906 Patch Rd Ste B727
 ORLANDO FL 32806 32822

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-07-2000 407-482-3131

CR2E034 (9/99)