

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106852

1. Entity Name

SOLUTIONS ENGINEERING INTERNATIONAL, INC.

Principal Place of Business Mailing Address

4906 PATCH ROAD
B 727
ORLANDO FL 32822

4906 PATCH ROAD
B 727
ORLANDO FL 32822

2. Principal Place of Business

4906 Patch Road

Suite, Apt. #, etc.

B727

City & State

Orlando, Florida

Zip

32822

Country

U.S.

3. Mailing Address

4906 Patch Road

Suite, Apt. #, etc.

B727

City & State

Orlando, Florida

Zip

32822

Country

U.S.

6. Name and Address of Current Registered Agent

ROY, MICHAEL J
4906 PATCH ROAD
SUITE B 727
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Lynn Roy

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

Lynn Roy

Lynn Roy - Vice President

1-11-2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ROY, MICHAEL J	2880 ILLIANA CT	ORLANDO FL 32806	
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"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Lynn Roy	4906 Patch Rd, Suite B727	Orlando, FL 32822	
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
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

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:

Lynn Roy

Lynn Roy/Vice President

1-11-2001

407-482-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90061 047 ***150.00

702655



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)