

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90038 050 ***150.00

DOCUMENT # P98000019298

1. Entity Name
ANDREW I. SOLIS, P.A.

Principal Place of Business Mailing Address
2640 GOLDEN GATE PARKWAY **2640 GOLDEN GATE PARKWAY**
SUITE 315 **SUITE 315**
NAPLES FL 34105 **NAPLES FL 34105-3200**

AU034401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2640 GOLDEN GATE PARKWAY **2640 GOLDEN GATE PARKWAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.
115 **115**

City & State City & State
NAPLES, FL **NAPLES FL**

4. FEI Number Applied For
59-3498592 Not Applicable

Zip Country Zip Country
34105 **USA** **34105** **USA**

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

SOLIS, ANDREW I
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

Name
 Street Address (P.O. Box Number is Not Acceptable)
2640 GOLDEN GATE PARKWAY
SUITE 115
 City State Zip Code
NAPLES **FL** **34105**

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]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
2/10/00

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete		<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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/10/00** Daytime Phone #: **941 261 4673**