

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000019298**

1. Entity Name

ANDREW I. SOLIS, P.A.**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90025 010 ***150.00

0396167

Principal Place of Business
2640 GOLDEN GATE PARKWAY
STE 115
NAPLES FL 34105Mailing Address
2640 GOLDEN GATE PARKWAY
STE 115
NAPLES FL 34105**954042**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 Fifth Avenue S.3. Mailing Address
1100 Fifth Avenue S.Suite, Apt. #, etc.
Suite 301Suite, Apt. #, etc.
Suite 301

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34102

Country

U.S.

Zip

34102

Country

U.S.4. FEI Number **59-3498592**

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

SOLIS, ANDREW I
2640 GOLDEN GATE PARKWAY
STE 115
NAPLES FL 34105Name
Andrew I. Solis

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

1100 Fifth Avenue South**Suite 301**City
Naples**FL**Zip Code
34102

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

ANDREW I. SOLIS**4/26/01**

(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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOLIS, ANDREW I
2640 GOLDEN GATE PARKWAY
NAPLES FL 34105 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

ANDREW I. SOLIS**4/26/01****941 261 4673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)