

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90025 010 ***150.00

0396167

DOCUMENT # P98000019298

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

Principal Place of Business 2640 GOLDEN GATE PARKWAY STE 115 NAPLES FL 34105	Mailing Address 2640 GOLDEN GATE PARKWAY STE 115 NAPLES FL 34105
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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 301	Suite, Apt. #, etc. Suite 301
City & State Naples, Florida	City & State Naples, Florida
Zip 34102	Country U.S.

4. FEI Number 59-3498592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLIS, ANDREW I
 2640 GOLDEN GATE PARKWAY
 STE 115
 NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name
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** DATE **4/26/01**

(NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete
NAME SOLIS, ANDREW I	
STREET ADDRESS 2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP NAPLES FL 34105	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ANDREW I. SOLIS** DATE **4/26/01** DAYTIME PHONE # **941 261 4673**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/00)