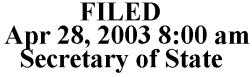
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000035392 **DOCUMENT #** 1. Entity Name SOLO'S SERVICES INC



04-28-2003 91425 038 ***150.00

OCO 3 GENVICES, INC.					}				
Principal Place of Business 15009 WILLOW LANE TAVARES FL 32778		Mailing Address 15009 WILLOW LANE TAVARES FL 32778					B. B. B.		
2. Principal Place of Business		3. Mailing Address				1 HOUTING HED ENDENDE BANK NOETH	14111 46106 11	BA 41464 LEALB	1914 1181 1081
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI	4. FEI Number 59-3505796 Applied For Not Applicable			
Zip	Country	Zip Count		try	5. Certificate of Status Desired			ditional	
	6. Name and Address of Current	egistered Agent			7. Name and Address of New Registered Agent				
				Name					
	NO, JUAN	era mademagna (ga era era ga era era era	Street Address		(P.O. Box Number is Not Acceptable)				
	FL 32778								
				City	 ~	j	FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.,	r the purpose of changing its	s registere	ed office or registere	ed agent,	or both, in the State of Florid	a. I am fai	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	F: Begistered	d Agent signature required	when rejects	utino)	DATE		
	LE NOW!!! FEE IS \$150.00	and the approach. (NO)	TE. Hogisters	O Agent alguature reduiled	WITET TERRISTS	uu igy			
Afte	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	•	-		 Election Campaign Finan Trust Fund Contribution. 	cing 🗀		May Be I to Fees
10.		DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICE	RS AND D	RECTOR	S IN 11
NAME STREET ADDRESS CITY-SI-ZIP	PVST SOLORZANO, JUAN 15009 WILLOW LN. TAVARES FL 32778	/ Delete	- 6					Change	☐ Addition
TITLE	MANIED I E OZITO	Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE	1			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		_ f		y	[] Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		ı	i takan t		 [Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		J.			[Change	Addition
12. Thereby o	ertify that the information supplied with	this filing does not qualify for	r the exer	notion stated in Sec	ction 119	07(3)(i) Florida Statutes, Lfu	rther certif	that the ir	oformation

I hereby certify that the information supplied with this filing does not quality 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE

GNATURE

SIGNATURE AND TYPEO OR PRINTED ME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #

SIGNATURE: _