

# 2000 UNIFORM BUSINESS REPORT (UBR)

0294186

DOCUMENT # P98000075007

1. Entity Name

~~SOLKEEPERS, INC.~~

N/C 01/24/00 Solkeepers, Inc.

Principal Place of Business

Mailing Address

705 NE 17TH WAY  
UNIT 2  
FT LAUDERDALE FL 33304

705 NE 17TH WAY  
UNIT 2  
FT LAUDERDALE FL 33304-3476

FILED

00 FEB 15 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

705 NE 17th Way  
Suite, Apt. #, etc.

3. Mailing Address

705 NE 17th Way  
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Broward

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Broward

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 NW 16TH ST  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JANET G	
STREET ADDRESS	705 NE 17TH WAY UNIT 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREW, PATRICIA G	
STREET ADDRESS	705 NE 17TH WAY UNIT 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, NANCY V	
STREET ADDRESS	705 NE 17TH WAY UNIT 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOHN, SUSANNA M	
STREET ADDRESS	705 NE 17TH WAY UNIT 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
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	300003145183--1
STREET ADDRESS	-02/23/00--01099--004
CITY-ST-ZIP	****150.00 ****150.00
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy V Skinner Nancy V Skinner

Date

2-10-2000

Daytime Phone #

954-523-3432

CR2E034 (9/99)