

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91168 023 ***150.00

DOCUMENT # P98000103840

1. Entity Name
 SOLID EVENT, INC

Principal Place of Business Mailing Address
 1100 CLEVELAND ST SUITE 902
 CLEARWATER, FL
 33755

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
 59-3557946
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

771228

6. Name and Address of Current Registered Agent

DRUCILLA E. BELL, P.A.
 830 FOURTH AVE. NW
 LARGO, FL. 33770

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 \$350.00
 Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN E BERRIEN SR	
STREET ADDRESS	1302 MARTIN L KING AVE	
CITY - ST - ZIP	CLEARWATER, FL. 33755	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASHANTI BERRIEN	
STREET ADDRESS	1302 MARTIN L KING AVE	
CITY - ST - ZIP	CLEARWATER, FL. 33755	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRUCE GAILLARD	
STREET ADDRESS	4399 REESEWOOD CT	
CITY - ST - ZIP	COLUMBUS, GA. 31907	
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
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STREET ADDRESS	
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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

Date

Daytime Phone #

CR2E034 (9/89)