2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000017863**

NAME

STREET ADDRESS

CITY-ST-ZIP

SOLID SURFACE MARKETING INCORPORATED

Principal Place of Business Mailing Address IDIO S.E. WHITCAR WAY 4340 S.E. WHITCAR WAY 0.980 0.0 0.0:прикт FL 34994 STUART FL 34997-6144 2. Principal Place of Business 3. Mailing Address 883 NE DIXIE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Bead 65-0 Not Applicable Jensen Country \$8.75 Additional Country Zíp 5. Certificate of Status Desired 957 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHURCH, JERILYNNE Street Address (P.O. Box Number is Not Acceptable) 4340 S.E. WHITCAR WAY STUART FL 34994 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Addition ☐ Delete ☐ Change TITLE CHURCH, JOHN NAME 4340 S.E. WHITCAR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE CHURCH, JERILYNNE NAME NAME 4340 S.E. WHITCAR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARE, ED NAME NAME 1565 S.W. HUTCHINS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34983 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 of the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all other SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

May 12, 2000 8:00 am Secretary of State

05-12-2000 90034 002 ***150.00