2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90018-001-\$300.00-\$150.00

DOCUMENT # P99000029958 1. Entity Name GO SOLO TECHNOLOGIES, INC.						, FILED				
						1 F Agus Davin Face*				
				·		C	10 MAY 25	PH 12: 0	7	
Principal Place of Business Mailing Address				•	13	See .	<u> </u>	OF CTATE		
5053 OCEAN B SARASOTA FL		5053 OCEAN BLVD STE 54 SARASOTA FL 34242-1607			1	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
							11 OLAH al ih eriy alah			
2. Principal Place of Business		3. Mailing Address								
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			1	DO	NOT WRITE IN THI	S SPACE		
City & State		City & State		4. F	El Number 09	31703		plied For t Applicable		
Zip	Country	Zíp	Cour	ntry	5. 0	Certificate of Status	Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent	<u> </u>		7. N	lame and Address	of New Registere			
CLARK, DONALD D				Name BENJAMIN STOLZ -Street: Address (R.O.: Box Number is Not Acceptable)						
8. The above	named entity subjets this statement for ti	ne purpose of changing its	register	ed office or registe	ered age	ent, or both, in the S	State of Florida.			
SIGNATURE .	12/10			ed Agent signature require		<u>.</u>	4/26	Los_		
	Signature, typed of printed name of registered agent and			IS \$150.00		[· · · · · · · · · · · · · · · · · · ·		
Tax filing requirement and elects to do so After MAY 1, 200			100 Fee	0 Fee will be \$550.00 to Department of State		Trust Fund C		Added	May Be to Fees	
11.	OFFICERS AND DI	RECTORS.	12. ∏∏		AD	DITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIST. 3ANT 5257 cape Luyen Sarasota to 34242)deg	NAM STR	AE FET ADDRESS (- ST-ZIP				LLI O'MANGO		
TITLE NAME STREET ADDRESS	Grego Corella, Exec 4904 Salah Lake C	.V.P. □ Delete čivide		AE EET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP	Sarasota, TZ 3423 Paul Hoffman, C.	E.O. 🗆 Delete	TIT	r-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1505 S. Tamiani Tr.	13	NAA STR			ا المحمد الم المحمد المحمد	,			
TITLE NAME STREET ADDRESS	John Wondel Col 95 Columbus Blvd	Oelsta	NAA.	£				Change	Addition *	
CITY-ST-ZIP TITLE NAME	Sarasota Te 342 Benjamin Stolo3	<u>42</u> □ Delete	TITL					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		142		ZET ADDRESS 7-ST-ZIP			<u> </u>	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	13 Eurott Dr.	r.o. □ Delete 831	NAM STR	i						
	certify that the information supplied with the fonth is report or supplier ental report is from the receiver of trustee ampower, or on an attachment with an address, with	is filing does not qualify to ue and accurate and that it ered to execute this report in all other like empowered	r the exe ny signa as requ	emption stated in S ature shall have the ired by Chapter 60	Section 1 same l 07, Florid	119.07(3)(i), Florida legal effect as if made da Statutes; and the	Statutes. I further of de under oath; that at my name appear	certify that the in I am an officer s in Block 11 or	nformation or director Block 12 if	

SIGNATURE

NATIVE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 941-312-2411 Dayline Phone #