

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 22, 2001 8:00 am
Secretary of State

04-16-2001 90258 040 ***150.00

DOCUMENT # P99000029958

1. Entity Name

GO SOLO TECHNOLOGIES, INC.

Principal Place of Business

5053 OCEAN BLVD STE 54
SARASOTA FL 34242

Mailing Address

5053 OCEAN BLVD STE 54
SARASOTA FL 34242

2. Principal Place of Business

PO Box 21028

Suite, Apt. #, etc.

3. Mailing Address

PO Box 21028

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34276

Country

City & State

SARASOTA, FL

Zip

34276

Country

4. FEI Number

65-0931703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOLZ, BENJAMIN

5053 OCEAN BLVD. PO Box 21028 1901 ULMERTON

SUITE 54

SARASOTA FL 34242 34276

SUITE 400

CLEARWATER, FL

33762

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, 2001 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	CEO	<input type="checkbox"/> Delete
NAME	ZANT, LOUIS J	
STREET ADDRESS	5257 CAPE LEYTE WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	EV	<input type="checkbox"/> Delete
NAME	CORELLA, GREGG	
STREET ADDRESS	4904 SABAL LAKE CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HOFFMAN, PAUL	
STREET ADDRESS	1505 S. TAMiami TRAIL, #401A	
CITY-ST-ZIP	SARASOTA FL	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	WENDEL, JOHN	
STREET ADDRESS	95 COLUMBUS BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	GC	<input type="checkbox"/> Delete
NAME	STOLZ, BENJAMIN	
STREET ADDRESS	95 COLUMBUS BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CTO	<input checked="" type="checkbox"/> Delete
NAME	SELTZER, SCOTT	
STREET ADDRESS	13 ELLIOTT DRIVE	
CITY-ST-ZIP	JAMESBURG NJ	

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	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 21028	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 21028	
CITY-ST-ZIP	SARASOTA, FL 34276	
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

PAUL HOFFMAN

4/10/01

877-231-6116

Date

Daytime Phone #

CR2E034 (10/00)