

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044663

1. Entity Name

SOLID GOLD INTERNATIONAL, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90161 023 \*\*\*150.00

Principal Place of Business <sup>250</sup> Mailing Address <sup>250</sup>  
2740 SW MARTIN BLVD STE 350 2740 SW MARTIN BLVD STE 350  
PALM CITY FL 34990 PALM CITY FL 34990-3146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <sup>SUITE 250</sup> 2740 SW MARTIN DOWNS BLVD  
City & State City & State  
Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
STIRN, EVELYN <sup>250</sup>  
2740 SW MARTIN BLVD STE 350  
PALM CITY FL 34990

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 \_\_\_\_\_ (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  
NAME STIRN, EVELYN <sup>250</sup>  
STREET ADDRESS 2740 SW MARTIN BLVD STE 350  
CITY-ST-ZIP PALM CITY FL 34990  
[Empty rows for other officers/directors]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS 2740 SW MARTIN DOWNS BLVD. SUITE 250  
CITY-ST-ZIP  
[Empty rows for other additions/changes]

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: Evelyn Stirn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 - 561-288-2301  
Date Daytime Phone #

CR2E034 (9/99)