

DOCUMENT # P99000060302

1. Entity Name

SOLUTIONS DOT DIRECT, INC.

Principal Place of Business

Mailing Address

5905 WHISPERING PINES ROAD
LAKELAND FL 338115905 WHISPERING PINES ROAD
LAKELAND FL 33811-1971

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

59-3589014

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, JERRY L
5905 WHISPERING PINES ROAD
LAKELAND FL 33811

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

4-18-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Linda R Gregory	
STREET ADDRESS	5905 Whispering Pines Rd	
CITY-ST-ZIP	Lakeland FL 33811	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Jerry L Gregory	
STREET ADDRESS	5905 Whispering Pines Rd	
CITY-ST-ZIP	Lakeland FL 33811	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jay L. Gregory	
STREET ADDRESS	6315 Sweetwater Dr. W	
CITY-ST-ZIP	Lakeland FL 33811	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Lee A Gregory	
STREET ADDRESS	5092 Meadowood Ln	
CITY-ST-ZIP	Mulberry FL 33860	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	Kimberly Gregory	
STREET ADDRESS	5092 Meadowood Ln	
CITY-ST-ZIP	Mulberry FL 33860	
TITLE		<input type="checkbox"/> Delete
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
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
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:

Date

Daytime Phone #

4-18-00 (863) 646-6563