

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071477

1. Entity Name

SOLID FOUNDATIONS OF CENTRAL FLORIDA, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90029 046 \*\*\*150.00

Principal Place of Business

Mailing Address

846 AIRPORT ROAD  
 NEW SMYRNA BEACH FL 32168

846 AIRPORT ROAD  
 NEW SMYRNA BEACH FL 32168-8718

2. Principal Place of Business

850 Airport Rd

3. Mailing Address

850 Airport Rd.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32124

Country

USA

Zip

32124

Country

USA

4. FEI Number

59-3598834

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUMBLESON, J. DOYLE  
 150 SOUTH PALMETTO AVENUE  
 SUITE 300  
 DAYTONA BEACH FL 32114

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BOWERS, KENNETH R  
 CITY-ST-ZIP 846 AIRPORT ROAD  
 NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BOWERS, ANDREA M  
 CITY-ST-ZIP 846 AIRPORT ROAD  
 NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kenneth R. Bowers* KENNETH R. BOWERS 5-1-00