

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000071477**

1. Entity Name

SOLID FOUNDATIONS OF CENTRAL FLORIDA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90321 008 ***150.00

Principal Place of Business

**850 AIRPORT RD.
PORT ORANGE FL 32124-7414**

Mailing Address

**850 AIRPORT RD.
PORT ORANGE FL 32124-7414**

2. Principal Place of Business

2585 Selleck Ave

Suite, Apt. #, etc.

3. Mailing Address

2585 Selleck Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach, FL

4. FFI Number

59-3598836

Applicable For

Not Applicable

Zip

32168

Country

Volusia

Zip

32168

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2585 Selleck Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2585 Selleck Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(c), 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 provided.

SIGNATURE:

Kenneth R Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required

1-30-01 904-409-9988

CR2E034 (1-0-00)