

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086345

1. Entity Name

SOL SOURCE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90007 032 ***150.00

Principal Place of Business

Mailing Address

1800 BEACH DR. N.E.
ST. PETERSBURG FL 33704

1800 BEACH DR. N.E.
ST. PETERSBURG FL 33704-4832

2. Principal Place of Business

3. Mailing Address

19345 US Hwy 19 N

19345 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

500

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

33764

USA

Zip

Country

33764

USA

4. FEI Number

59-3604120

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

HAMILTON, ROBERT
1800 BEACH DR. N.E.
ST. PETERSBURG FL 33704

Name ~~Mike~~ Michael Paradiso

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

19345 US Hwy 19 N #500

City Clearwater

FL

Zip Code 33764

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 Michael Paradiso, President

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	D	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, ROBERT	
STREET ADDRESS	1800 BEACH DR. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paradiso, Michael A.	
STREET ADDRESS	19345 US 19 N, #500	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Brian T.	
STREET ADDRESS	19345 US 19 N, #500	
CITY-ST-ZIP	Clearwater, FL 33764	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)