

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90195 027 ***150.00

DOCUMENT # P99000086345

1. Entity Name
SOL SOURCE, INC.

Principal Place of Business

19345 US HWY 19N
500
CLEARWATER FL 33764

Mailing Address

19345 US HWY 19N
500
CLEARWATER FL 33764

2. Principal Place of Business

4585 140th Ave North

3. Mailing Address

4585 140th Ave North

Suite, Apt. #, etc.

Suite 1012

Suite, Apt. #, etc.

Suite 1012

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

USA

33762

Country

USA

4. FEI Number

59-3604120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARADISO, MICHAEL
19345 US HIGHWAY 19 NORTH
SUITE 500
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

Pamela Nichols

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

4585 140th Ave N #1012

City

Clearwater

FL

Zip Code

33762

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)

4-17-02

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, 2002 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 **PD** ☐ Delete

NAME **NICHOLS, PAMELA**
STREET ADDRESS **19345 US HIGHWAY 19 NORTH SUITE 500**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **SD** ☐ Delete

NAME **HARRIS, BRIAN T**
STREET ADDRESS **19345 US 19 N # 500**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (9/01)

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

Pamela Nichols

4-17-02 727-532-4310

Date

Daytime Phone #