

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092891

1. Entity Name

SOLID ADVICE ENGINEERING, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90101 025 ***150.00

Principal Place of Business

Mailing Address

100 BEACH CLUB LANE
APOLLO BEACH FL 33572

1406 BEACH CLUB LANE
APOLLO BEACH FL 33572-3063

2. Principal Place of Business

6504 US HWY 41 N.
Suite, Apt. #, etc.

3. Mailing Address

6504 US HWY 41 N.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Apollo Beach FL
Zip
33572
Country
USA

City & State
Apollo Beach, FL
Zip
33572
Country
USA

4. FEI Number

59-3606 467

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

BIST, MICHAEL P
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BERTRAND, SHARON
1406 BEACH CLUB LANE
APOLLO BEACH FL 33572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
SHARON Bertrand
1002 SILVER PALM WAY
APOLLO Beach, FL 33572 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WHITMYER, JODY J
1406 BEACH CLUB LANE
APOLLO BEACH FL 33572 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000

813 649 0097

CR2E034 (9/99)