


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

02-24-2005 90035 043 \*\*\*150.00  
P99600160871

DOCUMENT # <i>P99600160871</i>	
1. Entity Name <i>Solen Investments</i>	

FILED

05 JUL 22 AM 9: 31

JALAPASS, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>4310 Pinto Ln.</i>	3. Mailing Address <i>4310 Pinto Ln.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Chipley FL</i>	City & State <i>Same</i>	4. FEI Number <i>593625661</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32428</i>	Country <i>Washington</i>	Zip <i>Same</i>	Country <i>Same</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <i>MARYLOU Roller</i>
Street Address (P.O. Box Number is Not-Acceptable) <i>4310 Pinto Lane</i>
<i>Chipley</i> FL <i>32428</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Marylou Roller*

per Mrs. Roller 7/22/05

DATE *7/22/05*

January 1st - May 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Pres. Marylou Roller</i> <i>4310 Pinto Lane</i> <i>Chipley, FL 32428</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marylou Roller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-15-05* *856 596-0794*  
Date D./Mmo Phone #

CR2E034B (12/02)