## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## S69559 **DOCUMENT #**



## **FILED** Feb 13, 2003 8:00 am Secretary of State

1. Entity Nam	& ASSOCIATES, IN	IC.	4. 4				02-13-2003 902.	38 031 ***150	).00
US 2700 / 2. Principal P	TREET DALE FL 33309  NW 62 ST lace of Business	3170 AI FORT F US	Address RMANS DRIVE PIERCE FL 34946  OP S. Inc.	Aron Pine					
C-10° Suite, Apt. Fort Lo	#, etc. wderdale, F	Suite,	Apt. #, etc.	MOST KINE			CHECK HERE IF MA		- Bad Pai
City & State	e	City 8	State	Country	-		65-0274852	\$8.75 Add	oplied For ot Applicable
33309	USA	349		USA		5. Certificate of S	Status Desired	Fee Require	
Name Solar						Pierce FL Zip (Pode Z			
	ions of registered agent.  Signature, typed or printed name of			: Registered Agent signa				DATE	
After	ILE NOW!!! FEE IS \$ r May 1, 2003 Fee will I c Payable to Florida De	be \$550.00			••	l l	on Campaign Financin Fund Contribution.		May Be to Fees
10.	OF	FICERS AND DIRECTOR	RS	11.		ADDITIONS/CH	IANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BELGAU, ROBERT J 3170 AIRMANS FORT PIERCE FL 349	46	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9509	u Robert S. Indian Pierce, FL	Kiver or.	Change	Addition S
TITLE NAME STREET ADDRESS	ST BELGAU, JEANNE 3170 AIRMAN DR		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ST Belga	u Jeann S India		Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FORT PIERCE FL 349	46	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLI	MEYCE,	PC 3412	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	La File Marie		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		M.W.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ≤