

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35671

1. Entity Name

SOLUNET, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90022 036 ***150.00

Principal Place of Business

1571 ROBERT J CONLON BLVD.
110
PALM BAY FL 32905
US

Mailing Address

1571 ROBERT J CONLON BLVD.
110
PALM BAY FL 32905
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3124086**

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131-3209

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, 2001 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	VPT	<input checked="" type="checkbox"/> Delete
NAME	WETHEIMER, HELEN	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD, STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WETHEIMER, MICHAEL	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD, STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	CHAMBERLAND, ROGER	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	ERRICSON, HARRY V	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, STEVEN J	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURELLI, RONALD F	
STREET ADDRESS	1571 ROBERT J CONLAN BLVD STE 110	
CITY-ST-ZIP	PALM BAY FL 32905	

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		
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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:

Harry V. Erricson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)