

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47839

1. Entity Name

MEDALLION SOLAR COMPANY

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90162 024 \*\*\*150.00

Principal Place of Business

1107 S. DIVISION ST.  
ORLANDO FL 32805  
US

Mailing Address

P. O. BOX 916035  
LONGWOOD FL 32791-6035  
US

2. Principal Place of Business

304 Sweetwater Cove Blvd. N.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longwood, FL 327

City & State

Zip

Country

32779

USA

Zip

Country

4. FEI Number

59-3130365

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

DIROFF, JAMES A.

304 SWEETWATER COVE BLVD., N.  
LONGWOOD FL 32779

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 ☐ Delete  
NAME D  
STREET ADDRESS DIROFF, JAMES A.  
CITY-ST-ZIP 304 SWEETWATER COVE BLVD., N.  
LONGWOOD FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLLOM, DAVID  
CITY-ST-ZIP 3113 BIRDS REST PL  
KISSIMMEE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Diroff

Date

4/26/00

Daytime Phone #

407-862-6630

CR2E034 (9/99)