

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90007 042 ***150.00

DOCUMENT # P99000010787

1. Entity Name
SOS, INC.

Principal Place of Business Mailing Address
1623 SAND HOLLOW LANE **1623 SAND HOLLOW LANE**
VALRICO FL 33594 **VALRICO FL 33594-5221**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2202 Laurel Oak Dr **2202 Laurel Oak Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Valrico FL **Valrico FL**

Zip Country Zip Country
33594 **US** **33594** **US**

4. FEI Number Applied For
59-3562625 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HICKS, HENRY W
602 SOUTH BOULEVARD
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name **Kelly Middlebrook**
 Street Address (P.O. Box Number is Not Acceptable)
2202 Laurel Oak Dr
 City **Valrico** State **FL** Zip Code **33594**

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 **Kelly Middlebrook** **President** **22-00**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kelly Middlebrook 2202 Laurel Oak Dr Valrico FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kevin MATZ 2614 S. Kingsway Rd Seffner FL 33584	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **Kelly Middlebrook** **22-00** **(813) 662-7780**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)