

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90119 027 ***150.00

FILED AT

DOCUMENT # P96000079850
 1. Entity Name
SORSCO, INC.

Principal Place of Business Mailing Address
1305 FALLSBROOK TERR **1305 FALLSBROOK TERR**
ACWORTH GA 30101 **ACWORTH GA 30101**
US **US**



DO NOT WRITE IN THIS SPACE

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 **65-0706141** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LG
221
LG
 This should be:
 William Sullivan
 Lighthouse Point
 Professional Bldg
 2211 E. Sample Rd
 Ste. 204
 Lighthouse Point FL
 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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ing its registered office or registered agent, or both, in the State of Florida.
 (NOTE: Registered Agent signature required when reinstating) DATE
HOW!!! FEE IS \$150.00
1, 2002 Fee will be \$550.00
Payable to Department of State
 10. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. This is not a change of Registered Agent just a clarification & spelling error.
 TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SHAW, A P
1305 FALLSBROOK TERRACE
ACWORTH GA 30101

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition
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 Change Addition
 TITLE 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: *Stephanie A. Shaw* **STEPHANIE A. SHAW** 2/11/02 770-425-7666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)