FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am DOCUMENT # P96000079850 Secretary of State 1. Entity Name SORSCO, INC. Principal Place of Business Mailing Address 1305 FALLSBROOK TERR 1305 FALLSBROOK TERR ACWORTH GA 30101 **ACWORTH GA 30101** ann. US 2. Principal Place of Business*** 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **建新** 65-0706141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ٠. «پا 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LG This should be: Street Address (P.O. Box Number is Not Acceptable) 221 William Sullivan ЦG Lighthouse Point City Zip Code FL Professional Blan 8. The ing its registered office or registered agent, or both, in the State of Florida. 406, at SIGNA (NOTE: Registered Agent signature required when reinstating) DATE Lighthouse Point 9. Thi IOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Ta: 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (S€ Payable to Department of State 11. ic bot a chanse 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE Change ☐ Addition NAME NAMÉ STREET A STREET ADDRESS CITY-ST CITY-ST-ZIP TITLE TIT ☐ Addition Change NAME SHAW, A P NΑ TAX VINE STREET ADDRESS 1305 FALLSBROOK TERRACE \$T EET ADDRESS A HOUSELAND COM CITY-ST-ZIP CI -ST-ZIP ACWORTH GA 30101 TO BOUNDERS TITLE ☐ Delete T Change Addition NAME N/ STRÉET ADORESS ST FET ADDRESS CITY-ST-ZIP CI -ST-ZIP TITLE TI ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS ET ADDRESS CITY-ST-7IP CI -ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS ET ADDRESS CITY-ST-ZIF ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS ET ADDRESS CITY-ST-ZIP -ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the examption 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 sign ture 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 red 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: