

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90120 034 ***150.00

DOCUMENT # 585378

1. Entity Name
P.K. SORENSEN, INC.

Principal Place of Business
3301 NORTH OCEAN BLVD
FORT LAUDERDALE FL 33308

Mailing Address
2299 DEER CREEK TRAIL
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

3415 GALT OCEAN DRIVE
 Suite, Apt. #, etc.

806 CYPRESS GROVE LANE
 Suite, Apt. #, etc.

APT. 512

City & State

City & State

FT. LAUDERDALE, FLORIDA

POMPANOBACH, FLORIDA

Zip

Country

Zip

Country

33308

BROWARD

33069

BROWARD

6. Name and Address of Current Registered Agent

4. FEI Number **59-1855128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



SOERSEN, PAUL K.
2299 DEER CREEK TRAIL
DEERFIELD BEACH FL 33442

Name **SOERSEN, PAUL K.**

Street Address (P.O. Box Number is Not Acceptable)
806 CYPRESS GROVE LANE
APT. 512

City **POMPANOBACH**

FL

Zip Code **33069**

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

Paul K. Sorensen, President

4-2-01

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	PTD	<input type="checkbox"/> Delete
NAME	SOERSEN, PAUL K.	
STREET ADDRESS	3301 N. OCEAN BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOERSEN, JEAN	
STREET ADDRESS	3301 N. OCEAN BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOERSEN, JEAN	
STREET ADDRESS	3301 N. OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	806 CYPRESS GROVE LANE APT. 512	
CITY-ST-ZIP	POMPANOBACH, FLORIDA 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3415 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3415 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33308	
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		
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:

Paul K. Sorensen, President

4-02-01

954-566-8740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0312451