

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693628

1. Entity Name

STEVEN M. SOROKA SALES COMPANY, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90009 036 ***150.00

Principal Place of Business

Mailing Address

4302 W HENDERSON BLVD STE 110
TAMPA FL 33629

PO BOX 320465
TAMPA FL 33679-2465

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 59-2105861

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

SOROKA, STEVEN M
13616 WATERFALL WAY
TAMPA FL 33624

Name
STEVEN M. SOROKA

Street Address (P.O. Box Number is Not Acceptable)
4302 W. HENDERSON BLVD STE 110

City
TAMPA

FL

Zip Code
33629

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 DP
NAME SOROKA, STEVEN
STREET ADDRESS 13616 WATERFALL WAY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DP
NAME SOROKA, STEVEN
STREET ADDRESS 1028 ROYAL PASS ROAD
CITY-ST-ZIP TAMPA, FL 33602 ☒ Change ☐ Addition

TITLE DVP
NAME SOROKA, SUSAN
STREET ADDRESS 13616 WATERFALL WAY
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DVP
NAME SOROKA, SUSAN
STREET ADDRESS 1028 ROYAL PASS ROAD
CITY-ST-ZIP TAMPA, FL 33602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-00 813-250-0541