

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 696708**

1. Entity Name

SORRENTINO REALTY, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90122 035 ***150.00

Principal Place of Business

1194 MARKET CIRCLE
PORT CHARLOTTE FL 33952

Mailing Address

1194 MARKET CIRCLE
PORT CHARLOTTE FL 33952**00028166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*2826 Jamezoni Road**2826 Jamezoni Road*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 2**Suite 2*

City & State

City & State

*Port Charlotte, FL**Port Charlotte, FL*

Zip

Zip

*33952**33952*

Country

US

Country

Charlotte USA

4. FEI Number

59-2172679

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

BOYLE, CHARLES**115 WEST OLYMPIA AVENUE** *2315 Aaron Street***PUNTA GORDA FL 33950** *P.O. Box 2159**Port Charlotte, FL 33949-2159*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	
NAME	SORRENTINO, JOSEPH C	NAME	
STREET ADDRESS	4483 GILLEN STREET	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VT	TITLE	
NAME	SORRENTINO, EVELYN	NAME	
STREET ADDRESS	4483 GILLEN STREET	STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Sorrentino
Joseph C. Sorrentino

2/23/1001

Date

941-629-4850

Daytime Phone #

CR2E034 (10/00)