2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754658

	NIFORM BU					b 03, 200			
DOCL	JMENT # 754	658			\overline{S}	ecretary	of St	ate	
1. Entity Na					MAN	02-03-2003 90319			
% SORENSON REALTY 4306 DEL PRADO BOULEVARD. SOUTH CAPE CORAL FL 33904 US		% SO 430 6	ng Address RENSON REALTY DEL PRADO BOULEV CORAL FL 33904	ARD, SOUTH		22001539 			
2. Principal Place of Business 3. Ma			Mailing Address						
Suite, Apt. #, etc.			uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			ity & State		4. FEI Number 59	4. FEI Number 59 2266 154 Applied For Not Applicable			
Zip	Country	Z	p	Country	5. Certificate of Sta	itus Desired	\$8.75 Ad Fee Require		
	6. Name and Address of	of Current Register	ed Agent	L	7. Name and Addr	ess of New Registered			
	***			Name	· · · · · · · · · · · · · · · · · · ·				
SORENSON REALTY, INC. ATTN: CATHY SORENSON 4306 DEL PRADO BOULEVARD, SOUTH				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
CAPE CORAL FL 33904 The above named entity submits this statement for the purpose of changing the control of the control of the purpose of changing the control of the				City	FL Zip Code				
SIGNATURE	stions of registered agent. Signature, typed or phied flame of registered NOW: FEE IS \$6			E: Registered Agent signature requ / npaign Financing	\$5.00 May Be	Make Chec	1/2003	3to	
r 4				—	Added to Fees	Florida Depar	rtment of S	State	
10.	T	S AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	D Delete PANNO, DOMENIC 4508 SANTA BARBARA BLVD #103 CAPE CORAL FL 33904			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERRICO, GERRY 1020 SW 56TH STREET CAPE CORAL FL 33914		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, PATRICIA 4508 SANTA BARBARA CAPE CORAL FL 33905	BLVD, #102	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		100	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· <u>-</u> -	☐ Change	Addition	
TITLE			Dalete	TITLE			Change	- Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED