

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90072 008 ****61.25

DOCUMENT # 767122

1. Entity Name

S.O.A.R., INC.

Principal Place of Business

**2820 MANATEE RD
TAVARES FL 32714
US**

Mailing Address

**P.O. BOX 1754
TAVARES FL 32778
US**

2. Principal Place of Business

**2820 MANATEE RD
Suite, Apt. #, etc.**

3. Mailing Address

**2820 MANATEE RD.
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

TAVARES, FL.

City & State

TAVARES, FL.

4. FEI Number

59-2305686

Applied For

Not Applicable

Zip

32778

Country

LAKE

Zip

32778

Country

LAKE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOBBY, WILLIAM M., III
1327 NORTH MILLS AVENUE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **MAGER, DORIS**
STREET ADDRESS **802 HEMLOCK DRIVE**
CITY-ST-ZIP **APOPKA FL**

TITLE **SD** ☐ Delete
NAME **KIETH, LEMOINE**
STREET ADDRESS **1010 HUNTING CT**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VD** ☐ Delete
NAME **CHAMBERS, MARYANN**
STREET ADDRESS **2820 MANATEE RD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

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.

SIGNATURE: Maryann Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352)
2/24/02 742-9527
Daytime Phone #

CR2E037 (9/01)