

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91013 014 ***150.00

0066487 AT

DOCUMENT # F00000006023

1. Entity Name
SPECIAL OPERATIONS ASSOCIATES, INC. OF NEVADA



Principal Place of Business
**2336 W. OAK RIDGE RD
ORLANDO FL 32809**

Mailing Address
**432 E. SAHARA
LAS VEGAS NV 89104**

2. Principal Place of Business

3. Mailing Address

3405 Cambridge St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAS Vegas NV

Zip

Country

Zip
89109

Country

4. FEI Number **88-0268603**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, TERRY L
2336 W. OAK RIDGE ROAD
ORLANDO FL 32809**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P THEEL, JOHN**
STREET ADDRESS **4610 E ST. LOUIS**
CITY-ST-ZIP **LAS VEGAS NV 89104**

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

TITLE ☐ Delete
NAME **ST HOWE, VICKI**
STREET ADDRESS **2607 ASHMORE DR**
CITY-ST-ZIP **HENDERSON NV**

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

TITLE ☐ Delete
NAME **CD STROCCHIA, LYNN**
STREET ADDRESS **2864 PATRIOR PARK PLACE**
CITY-ST-ZIP **HENDERSON NV 89052**

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

TITLE ☒ Delete
NAME **D SYRING, JACKIE**
STREET ADDRESS **2001 S. JONES #H**
CITY-ST-ZIP **LAS VEGAS NV**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

702-386-8065
Daytime Phone #

CR2E034 (10/02)