

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

UNIFORM NATIONAL
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State
CORPORATION DIVISION

APPROVED
2000

05 MAY - 1 11:34

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # J07129

(6)

SORENSEN ENTERPRISES, INC.

Principal Office Location

Alternate Office

486 SW VOLT AIR TERR
PORT ST LUCIE FL 34984
US

486 SW VOLT AIR TERR
PORT ST LUCIE FL 34984
US

FLORIDA DEPARTMENT OF STATE

3. Effective Date of Report	3a. Date of Last Report
04/01/1986	05/01/1994
4. FFI Number	Applied For Not Applicable
59-2611485	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions	☐ \$5.00 May Be Added to Fees
8. Does corporation have liability for intangible tax under s. 199.042, Florida Statutes	☐ Yes ☒ No

2. Principal Office Location	2a. Alternate Address
21. State	26. State
22. City	27. City
23. Zip	28. Zip
24. State	29. State
25. City	30. City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SORENSEN, VERONICA
154 DORCHESTER ST.
PORT ST LUCIE FL 34983

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.04, 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Secretary of State, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer/Secretary of Corporation

Signature of Registered Agent or Officer/Secretary of Corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P SORENSEN, VERONICA 486 SW VOLT AIR TERR PORT ST LUCIE FL 34984	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	
STATE	V SORENSEN, CHRIS 486 SW VOLT AIR TERR PORT ST LUCIE FL 34984	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	
STATE		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	
STATE		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
STATE		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	
STATE		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	
STATE		19. NAME	☐ Change ☐ Addition
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CITY		30. CITY	
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CITY		111. CITY	
STATE		112. NAME	☐ Change ☐ Addition
STREET ADDRESS		113. STREET ADDRESS	
CITY		114. CITY	
STATE		115. NAME	☐ Change ☐ Addition
STREET ADDRESS		116. STREET ADDRESS	
CITY		117. CITY	
STATE		118. NAME	☐ Change ☐ Addition
STREET ADDRESS		119. STREET ADDRESS	
CITY		120. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and drawn not equally for the corporation stated in Section 13 of the Florida Statutes. I further certify that this information is filed on the annual report or supplemental annual report as 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 officer or director empowered to receive the report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 of Block 13 of the report or on an attachment with an address.

SIGNATURE:

Veronica Sorensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/95