

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90013 040 \*\*\*150.00

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DOCUMENT # J40256

## 1. Entity Name

STEVE SORENSEN CHRYSLER, PLYMOUTH, DODGE, JEEP, INC.

## Principal Place of Business

1900 U.S. HIGHWAY 27 NORTH  
P.O. BOX 3906  
LAKE WALES FL 33859-0906

## Mailing Address

1900 U.S. HIGHWAY 27 NORTH  
P.O. BOX 3906  
LAKE WALES FL 33859-0906

00041011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21529 HWY 273. Mailing Address  
P O BOX 3906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKE WALES, FLCity & State  
LAKE WALES, FL

4. FEI Number 59-2736912

Applied For

Not Applicable

Zip  
33859

Country

Zip

33859

Country

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

## 6. Name and Address of Current Registered Agent

BASSO, KATHY  
1875 HWY 27 NORTH  
P O BOX 4110  
LAKE WALES FL 33859

## 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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SORENSEN, STEPHEN D.	
STREET ADDRESS	1875 HIGHWAY 27 NORTH	
CITY-ST-ZIP	LAKE WALES FL	

TITLE	VT	<input type="checkbox"/> Delete
NAME	SCHADE, STEVE	
STREET ADDRESS	1900 HWY 27TH N	
CITY-ST-ZIP	LAKE WALES FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	MADER, MARK	
STREET ADDRESS	1900 HWY 27TH N	
CITY-ST-ZIP	LAKE WALES FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, STEPHEN D.	
STREET ADDRESS	21500 HWY 27	
CITY-ST-ZIP	LAKE WALES, FL 33859	

TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHADE, STEVE	
STREET ADDRESS	21529 HWY 27	
CITY-ST-ZIP	LAKE WALES, FL	

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADER, MARK	
STREET ADDRESS	21529 HWY 27	
CITY-ST-ZIP	LAKE WALES, FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, DEAN	
STREET ADDRESS	21529 HWY 27	
CITY-ST-ZIP	LAKE WALES, FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORENSEN, PAUL	
STREET ADDRESS	21529 HWY 27	
CITY-ST-ZIP	LAKE WALES, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

STEVE SCHADE

2-27-02

863-676-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)