

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83095

1. Entity Name

SORREL'S PRINTING & GRAPHICS, INC.

THERES NOT SUPPOSE TO BE AN APOSTROPHE IN SORRELS

Principal Place of Business

1203 SW 12TH ST.
SUITE 2
OCALA FL 34474
US

Mailing Address

1921 SW 15TH AVENUE
OCALA FL 34474-3566
US

2. Principal Place of Business

1921 SW 15TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34474-3566

Country

US

Country

4. FEI Number

59-2940663

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORRELS, JODY
1203 SW 12TH ST.
B
OCALA FL 34474

Name

SORRELS, Jody

Street Address (P.O. Box Number is Not Acceptable)

1921 SW 15TH AVE

City

OCALA,

FL

Zip Code

34474-3566

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

Jody D. Sorrels

JODY D. SORRELS

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SORRELS, JODY
STREET ADDRESS 4831 SW 37TH COURT
CITY-ST-ZIP Ocala FL 34480

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

TITLE S ☐ Delete
NAME SORRELS, TOBY
STREET ADDRESS 5026 SE 37TH AVE
CITY-ST-ZIP Ocala FL 34480

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Jody D. Sorrels

JODY D. SORRELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

(352) 732-4442

Daytime Phone #

CR2E034 (9/99)