

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009242

1. Entity Name

CHRIS SORCE CONSTRUCTION, LLC

FILED

01 FEB 23 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5706 CARISSA STREET  
HOLMES BEACH FL 34217

Mailing Address

5706 CARISSA STREET  
HOLMES BEACH FL 34217

2. Principal Place of Business

P.O. Box 814  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 814  
Suite, Apt. #, etc.

City & State

ANNA MARIA FL

City & State

ANNA MARIA FL

4. FEI Number

65-1029609

Applied For

Not Applicable

Zip

Country

34216

USA

Zip

34216

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, VICTOR G  
3119 MANATEE AVENUE WEST  
BRADENTON FL 34205

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SORCE, CHRIS  
STREET ADDRESS 5706 CARISSA STREET  
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS P.O. Box 814  
CITY-ST-ZIP ANNA MARIA FL 34216 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Christopher Sorce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X 2-21-01

CR2E083 (11/00)