

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69785

1. Entity Name
S.L.C. OF SORRENTO, INC.

Principal Place of Business

336 MONET DRIVE
NOKOMIS FL 34275

Mailing Address

336 MONET DRIVE
NOKOMIS FL 34275

2. Principal Place of Business

336 MONET DR

Suite, Apt. #, etc.

3. Mailing Address

336 MONET DR

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

USA

City & State

Nokomis, FL

Zip

34275

Country

USA

4. FEI Number

65-0194941

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DJORDJEVICH, NAJDENKA
336 MONET DRIVE
NOKOMIS FL 34275

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, 2001 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 PVPT ☐ Delete
NAME DJORDJEVICH, NAJDENKA
STREET ADDRESS 336 MONET DR
CITY-ST-ZIP NOKOMIS FL

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

TITLE ☐ Delete
NAME PRESIDENT
STREET ADDRESS NAJDENKA DJORDJEVICH SOVACKI
CITY-ST-ZIP 336 MONET DR, NOKOMIS, FL 34275

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Najdenka Dj. Sovacki, Pres. Najdenka Dj. Sovacki 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90600 001 ***150.00

05-05-2001 90600 002 *****8.75

40761



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)