

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91004 001 *****8.75
04-21-2003 91004 002 ***150.00

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
Suite, Apt. #, etc.

City & State
NOKOMIS

City & State

4. FEI Number **65-0194941**

Applied For
☒ Not Applicable

Zip **34275** Country **FLORIDA**

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DJORDJEVICH, NAJDENKA
336 MONET DRIVE
NOKOMIS FL 34275**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVPT	<input type="checkbox"/> Delete
NAME	DJORDJEVICH, NAJDENKA	
STREET ADDRESS	336 MONET DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SOVACKI, NAJDENKA D	
STREET ADDRESS	336 MONET DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Najdenka D. Sovacki** DATE: **4/16/03** PHONE: **941-966-5883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

attachment

#L69785

SSD28684

FLORIDA DEPARTMENT of
STATE

PLEASE SEND MY CERTIFICATE of
STATUS, DOCUMENT # L69785 FOR
2003, FOR SLC of SORRENTO

Thank You

Nyolanko B. Soroche