

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90428 031 ***150.00

DOCUMENT # *P 00000005118*

1. Entity Name

STORCK DETAILING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2727 OAKMERE LANE

Suite, Apt. #, etc.

3. Mailing Address

C/O 2316 ROSELAWN ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0973820

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TIM STORCK

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

2727 OAKMERE LANE

City

SARASOTA

FL

Zip Code

34231

**DO NOT WRITE
IN THIS SPACE**

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 this is acceptable)

(NOTE: Registered Agent signature required when necessary)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1 Fee is \$100.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

NAME

TIM STORCK

STREET ADDRESS

2727 OAKMERE LANE

CITY-STATE-ZIP

SARASOTA, FL 34231

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE: ✓ *Tim Storck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ *4/5/02*

Date

Secretary of State

CR2E034B (12/01)