

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90250 011 ***150.00

DOCUMENT # P00000010490

1. Entity Name

SOVEREIGN MANAGEMENT COMPANY, INC.**C0067791**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
7041 Grand National Dr.
Suite 132
Orlando, FL 32819

Mailing Address
PO Box 2310
Winter Park, FL 32790-2310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621316

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~UWSA Services, Inc.~~
~~701 Peachtree Rd~~
~~Orlando, FL 32804~~

Name

W & P Services, Inc.

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

1936 Lee Road

Suite 101

City

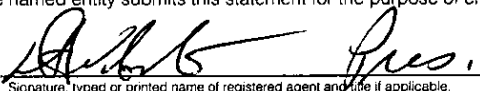
Winter Park

FL

Zip Code
32789

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



David A. Webster

5 Apr 01

Signature, typed or printed name of registered agent and date 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D Stanislaw, Robert A.
7041 Grand National Dr., Ste 132
Orlando, FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Stanislaw

Date

Daytime Phone #

407-691-0500

CR2E034 (11/00)