

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90131 041 ***150.00

MSB038
AV

DOCUMENT # P00000016371

1. Entity Name
SORBERS LINES UNLIMITED, INC.

Principal Place of Business

R.R.#2, BOX 4460
 HILLIARD FL 32246

Mailing Address

3617 CROWN PT. RD., SUITE 1
 JACKSONVILLE FL 32257

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 24668

City & State

City & State
JACKSONVILLE, FL.

Zip

Country

Zip Country
32241-4468 USA

4. FEI Number

59-3671219

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN PT. RD., SUITE 1
JACKSONVILLE FL 32257

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

Meredith A Hernandez **3/19/02**

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, 2002 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SORBER, RANDY E	P. O. BOX 24668	JACKSONVILLE FL 32241-4668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	SORBER, SHERRI R	P. O. BOX 24668	JACKSONVILLE FL 32241-4668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HERNANDEZ, MEREDITH A	P. O. BOX 24668	JACKSONVILLE FL 32241-4668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

Meredith A Hernandez **4-30-02** **(904) 591-0738**

80113055



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)