

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90028 035 \*\*\*150.00

0036296 AV

DOCUMENT # P00000016371



1. Entity Name  
**SORBERS LINES UNLIMITED, INC.**

Principal Place of Business  
R.R.#2, BOX 4460  
HILLIARD FL 32246

Mailing Address  
PO BOX 24668  
JACKSONVILLE FL 32241-4668

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**22465 CR 121**  
Suite, Apt. #, etc.

City & State  
**Hilliard FL**

Zip Country  
**32046 NASSAU**

4. FEI Number **59-3671219** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



**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 Numbers Not Acceptable)  
**Suite # 2**  
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 *Meredith A Hernandez* **2/6/03**  
Signature, typed or printed name of registered agent and title if applicable. (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SORBER, RANDY E</b> <b>P. O. BOX 24668</b> <b>JACKSONVILLE FL 32241-4668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SORBER, SHERRI R</b> <b>P. O. BOX 24668</b> <b>JACKSONVILLE FL 32241-4668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HERNANDEZ, MEREDITH A</b> <b>P. O. BOX 24668</b> <b>JACKSONVILLE FL 32241-4668</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 if changed, or on an attachment with an address, with all other those empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-03**  
**288-8999**  
Date Daytime Phone #

CR2E034 (10/02)