

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90565 036 ***150.00

DOCUMENT # P01000013675

1. Entity Name
THE SOR GROUP, INC.

Principal Place of Business

**1230 SOUTH MYRTLE AVENUE
 SUITE 105
 CLEARWATER FL 33756**

Mailing Address

**1230 SOUTH MYRTLE AVENUE
 SUITE 105
 CLEARWATER FL 33756**

2. Principal Place of Business

**1679 INDIAN ROCKS RD S
 Suite, Apt. #, etc.**

3. Mailing Address

**1679 INDIAN ROCKS RD S
 Suite, Apt. #, etc.**

City & State
LARGO FL

City & State
LARGO FL

4. FEI Number
59-3712970

Applied For
 Not Applicable

Zip
33774

Country
USA

Zip
33774

Country
USA

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

6. Name and Address of Current Registered Agent

**GOLSON, WILLIAM M
 1230 SOUTH MYRTLE AVENUE
 SUITE 105
 CLEARWATER FL 33756**

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's 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, 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

TITLE **D**
 NAME **GOLSON, WILLIAM M**
 STREET ADDRESS **1230 SOUTH MYRTLE AVENUE, SUITE 105**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
 NAME **LAURIE E. OATES**
 STREET ADDRESS **1679 INDIAN ROCKS RD S**
 CITY-ST-ZIP **LARGO FL 33774** ☐ Change ☒ Addition

TITLE **VICE PRESIDENT**
 NAME **DAVID J OATES**
 STREET ADDRESS **1679 INDIAN ROCKS RD S**
 CITY-ST-ZIP **LARGO FL 33774** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)