

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90037 042 ***150.00

DOCUMENT # P01000017591

1. Entity Name

SOVEREIGN CHANCE, CORP.

Principal Place of Business

**4805 W. LAUREL ST., STE. 250
 TAMPA FL 33607**

Mailing Address

**4805 W. LAUREL ST., STE. 250
 TAMPA FL 33607**

2. Principal Place of Business

29127 RIVERGATE RUN

3. Mailing Address

12157 W. LINEBAUGH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#306

City & State

WESLEY CHAPEL FL

City & State

TAMPA FL

Zip

33543

Country

Zip

33626

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORILAK, KENNETH

RILEY & ASSOCIATES, P.A.

4805 W. LAUREL ST., STE. 250

TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

RICHARD LIMMER

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

12157 W. LINEBAUGH #306

City

TAMPA

FL

Zip Code

33626

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

RICHARD LIMMER

Richard J. Limmer

4-29-02

Signature, typed or printed name of registered agent and title 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, 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	<input type="checkbox"/> Delete
NAME	JUDIT, KRIZSA DR	
STREET ADDRESS	4805 W. LAUREL ST., STE. 250	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LASZLO, MEZO MIHALY	
STREET ADDRESS	4805 W. LAUREL ST., STE. 250	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12157 W. LINEBAUGH #306	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12157 W. LINEBAUGH #306	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Judit Krizsa Dr.
JUDIT KRIZSA DR.

04.15.2002.

813-926-2229

Date

Daytime Phone #

CR2E034 (9/01)