

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90217 050 \*\*\*150.00

DOCUMENT # P01000031657

1. Entity Name

The soul Experience, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5000 culbreath key way

3. Mailing Address

Suite, Apt. #, etc.

# 8-121

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

59-3711882

Applied For

Not Applicable

Zip

33611

Country

United States

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bill Williams

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

6519 central Ave

City

St. Petersburg

FL

Zip Code

33710

**DO NOT WRITE  
IN THIS SPACE**

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

Bill Williams

Bill Williams

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Loretta A. Cohen  
5000 culbreath key way #8-121  
Tampa, FL 33611

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Loretta Cohen

Loretta A. Cohen President 4/29/02 813-839-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR3E034B (12/01)