

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 020 ***150.00

DOCUMENT # P01000092118

1. Entity Name

Sousa Enterprises of Florida, Inc.

Principal Place of Business

Mailing Address

1946 S. Old Mill Drive
 Deltona, FL 32725

2. Principal Place of Business

1946 S. Old Mill Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

4. FEI Number

59-3745359

Applied For

Not Applicable

Zip

32725

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUSA, CARLOS A.
 4 DELTONA PLAZA
 DELTONA BLVD.
 DELTONA FL 32725

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 re-instating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE	PVD	☐ Delete
NAME	SOUSA, CARLOS A.	
STREET ADDRESS	1946 S OLD MILL DR	
CITY-STATE-ZIP	DELTONA FL 32725	
TITLE	STD	☐ Delete
NAME	SOUSA, OLIVIA	
STREET ADDRESS	1946 S OLD MILL DR	
CITY-STATE-ZIP	DELTONA FL 32725	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos A. Sousa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.02

Date

Signature Change